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Network Contract Directed Enhanced
Service

Capacity and Access Payment 2023/24 Guidance

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Introduction

1. This guidance is for commissioners to use in making a local assessment for the Local Capacity and Access Improvement Payment part of the Capacity and Access Payment (CAP) element of the Investment and Impact Fund (IIF).
2. The aim of the CAP funding is to provide the space, funding, and licence for PCNs to focus on **making improvements** to help manage demand and improve patient experience of access, so patients can access care more equitably and safely, prioritised on clinical need. It also supports the accurate recording of general practice activity, so that improvement work can be data-led.
3. More widely, the IIF for 2023/24 has been streamlined to focus on a small number of key priorities. The IIF for 2023/24 contains five indicators worth £59m, detailed in the 2023/24 [IIF guidance document](#).
4. The CAP consists of two parts:
 - a. **National Capacity and Access Support Payment:** 70% of funding (£172.2m) will be unconditionally paid to PCNs, proportionally to their Adjusted Population¹, in 12 equal payments over the 2023/24 financial year², an average of ~£11.5k/month/PCN;
 - b. **Local Capacity and Access Improvement Payment:** part or all of 30% of the funding (£73.8m) will be paid to PCNs based on commissioner assessment of a PCN's improvement in three areas (see below for further detail) over the course of 2023/24. The maximum a PCN could earn is £1.185 multiplied by the PCN's Adjusted Population as of 1 January 2023.
5. ICBs, PCNs and member practices should co-develop and co-own a local improvement plan setting out the changes they intend to make. Local improvement plans should address any identified barriers to improvement or wider support required and link to local support offers for integrated primary care, and where commissioner support is required, commissioners should commit to providing that support. The funding provided through the National Capacity and Access Support and Improvement Payment can be used by PCNs to take forward development and delivery of their local improvement plan.
6. The GP contract in 2023/24 has been updated to reflect the different ways that patients now contact their practice whether this in person, online or by telephone. Patients will be treated equitably and can expect a response on the same day they contact their practice. This response may include information signposting to

¹ "PCN Adjusted Population" is a weighted population figure derived from the CCG primary medical care allocation formula [here](#)

² Full details in the [Network Contract Direct Enhanced Service Specification](#)

another service, for example a community pharmacy, based on an assessment of need. Patients seeking routine care should have an appointment within two weeks of contact where appropriate.

Preparation phase

7. The payment of the Local Capacity and Access Improvement Payment should be made based on a PCN making improvements in three key areas:
 - i. patient experience of contact;
 - ii. ease of access and demand management; and
 - iii. accuracy of recording in appointment books.

8. To enable commissioners to assess whether the Local Capacity and Access Improvement Payment should be made to a PCN (either in full or in part), PCNs and commissioners should complete the following steps:
 - In the preparation phase, work together at the beginning of the 2023/24 financial year to set out the current position across the PCN, by each practice in the PCN, according to the table below, by completing the template at Annex B by 12 May 2023.
 - ICBs should then work with PCNs to monitor their improvement against their current position during 2023/24 (providing support where necessary. Based on the PCN's improvement in these three key areas, ICBs will make an assessment of the appropriate value of funds to be released, after 31 March 2024. The table below sets out the criteria for assessment of local improvement across the three key areas. The available funding should be set equally across all three key areas such that 100% of funding can only be received if improvements are achieved across all three areas.

Key area	Sources / actions for establishing starting position	Criteria for assessing local improvement
Relevant to all three key areas	<ul style="list-style-type: none"> • By 12 May 2023, develop an access improvement plan that is agreed with the ICB 	<ul style="list-style-type: none"> • Achievement against the access improvement plan as agreed with the ICB in April 2023, especially in relation to improving navigation, triage and workload management processes and/or patient journeys through telephony and online contact routes. • Where an agreement was made to participate in a support package as part of the Support Level Framework, progress made as part of this should be used by the ICB as

		part of the assessment for Capacity and Access Improvement Payment.
1. Patient experience of contact	<ul style="list-style-type: none"> • Trend over last five years (including latest year of 2022), with score for each practice in the PCN, the PCN, ICB and national score: <ul style="list-style-type: none"> ○ Q1. Generally, how easy or difficult is it to get through to someone at your GP practice on the phone? ○ Q4. How easy is it to use your GP practice's website to look for information or access services? ○ Q16. Were you satisfied with the appointment (or appointments) you were offered? ○ Q21. Overall, how would you describe your experience of making an appointment? ○ Q32. Overall, how would you describe your experience of your GP practice? • Friends and Family Test scores 	<ul style="list-style-type: none"> • Given the GPPS for 2024 will be published after the ICB must make the assessment regarding the Capacity and Access Improvement Payment, GPPS should only be used for preparation rather than a metric against which improvement can be tracked during financial year 2023/24. • ICBs may agree with PCNs to use a range of evidence relating to patient experience, which should include a balanced assessment across a selection of the following components: <ul style="list-style-type: none"> ○ Improvement on Friends and Family Test scores ○ Improvements in coverage of the Friends and Family Test ○ Processes within the PCN to analyse and act on feedback ○ The overall strength of the improvement plan to improve patient experience ○ Local surveys covering patient experience ○ Information from Patient Participation Groups <p>In addition, to be eligible for the Capacity and Access Improvement payment, practices within the PCN must be complying with the existing contractual requirement to report results of completed Friends and Family Tests to NHS England and publish the results of the completed Tests (as required by Regulation 88 of the GMS Regulations 2015 and Regulation 80 of the PMS Regulations 2015).</p>
2. Ease of access and	<ul style="list-style-type: none"> • Is cloud-based telephony currently in 	<ul style="list-style-type: none"> • Cloud based telephony (CBT) in place and call-back function

<p>demand management</p>	<p>place with call-back and call queuing functionality? [Yes / No]</p> <ul style="list-style-type: none"> • Is online consultation, messaging and appt booking functionality in place? • Online consultation usage per 1,000 registered patients 	<p>activated, with use of data to drive improvement</p> <ul style="list-style-type: none"> • Where practices are using analogue telephony, a scheduled migration to CBT is in the diary, using a supplier from the national cloud-based telephony framework and time arranged to implement and understand data and drive improvements. • Effective usage of online consultation system(s) by practices in a PCN, demonstrated by increased use of online consultation systems as a digital access route and triage support • Online consultation usage per 1,000 registered patients
<p>3. Accuracy of recording in appointment books</p>	<ul style="list-style-type: none"> • Current GP appointment data 	<ul style="list-style-type: none"> • PCN self-certification confirming that all practices in the PCN are: <ul style="list-style-type: none"> a) accurately recording all appointments, by all relevant roles (including ARRS), at PCN and practice level (including enhanced access) in practice/PCN appointment books; and b) when recording all appointments, complying with the categorisation guidance (March 2021) and guidance (August 2020) on more accurate recording of appointments (see Annex). • ICB assessment based on self-certification and triangulation with PCN's appointment recording seen via the ICB GPAD dashboard. • Further guidance at Annex A.

9. All assessments should consider the challenges a PCN faces such as their starting point at April 2023, differences driven by demographics, improvement

against the starting point baseline and the accuracy of available data. The planning phase should be undertaken promptly in April 2023, to allow as much time as possible for execution of plans.

10. To receive all of the funding a PCN should have demonstrated improvement or be able to demonstrate that high levels of achievement have been sustained through the year across all three key areas.

Planning for improvement

11. All PCNs/practices will have agreed an access improvement plan which they should work on during 2023/24 to deliver against in each of the three areas set out in the table above.
12. PCNs will also have the opportunity to use the Support Level Framework tool (SLF) in discussion with their ICB. This is a clinically-developed tool designed to support practices and PCNs to gain an understanding of what they do well and how to deploy development support. The Support Level Framework support is available over both 2023/24 and 2024/25. Therefore, while engagement with the SLF, and progress on action plans agreed after SLFs should be taken account of when allocating the IIF, for most practices and PCNs who have not completed the SLF (or done so too recently), SLF will not form part of their assessment for the Capacity and Access Improvement Payment under this guidance.
13. Where ICBs forecast that that not all of the Capacity and Access Improvement Payment IIF monies will be awarded they should seek to invest these in local access improvement to general practice for the population where appropriate within wider ICB plans.

Payment process

14. The commissioner will instruct PCSE Online to make the appropriate payment to the Nominated Payee of the PCN by no later than 31 August 2024.

Annex A: Accuracy of recording in appointment books

The aim is to ensure that published general practice appointment data fairly represents the appointment activity carried out across general practice.

What are PCNs/practices being asked to do?

- **Record all appointments in appointment books in line with the agreed definition of an appointment.**

To ensure all appointments are being recorded in general practice appointment books, and to fully capture the scale of appointments in general practice, joint NHS England and BMA [guidance](#) (August 2020) sets out an agreed definition of an appointment and asks general practice to apply this.

- **Sign up to the General Practice Appointment Data (GPAD) Data Provision Notice**

National GP appointments data does not yet include all activity recorded in appointment books managed directly by PCNs. This means that the recording of enhanced access and Additional Roles Reimbursement Scheme (ARRS) appointment activity nationally is incomplete. In order for NHS England to collect this data, PCNs need to complete the [participation form](#) giving consent to have NHS England collect data (appointments directly managed by the PCN) in line with the GP Appointments Data Direction and Data Provision Notice. The participation form has also been shared with PCNs via email.

If the PCN has not received this email please contact primarycare.domain@nhs.net to have contact details added to the contact list to receive future updates.

- **Improve the accuracy of appointment recording by referring to existing guidance**

Variation in the use of general practice appointment books and how the different IT systems function means that the current GP appointments publication may be giving an incomplete picture of activity and workload in general practice. NHS England has provided [guidance](#) for practices and PCNs which aims to support the improvement of known GPAD data quality issues.

The guidance includes support [here](#) for how to map appointments to the most appropriate National Category within practice and PCN appointment books (including service setting). [National Categories](#) were introduced in 2021 in order to improve the quality of the GP appointments data to enable NHS England to better capture information on general practice workload and demand.

Where there are known reasons for appointments not appearing in GPAD which are not straightforward to resolve or would require excessive additional work,

there should be a discussion between the PCN/practices and the commissioner to confirm whether an exception will be made to GPAD component of the Local Capacity and Access Improvement Payment.

- **Improve the use of GPAD to differentiate urgent from routine appointments**

The most appropriate appointment categories for use for urgent needs are as follows:

Urgent appointments

General Consultation Acute

Unplanned clinical activity

Walk-in

Clinical triage

- Routine appointments offered within two weeks of contacting the practice should be coded according to the [guidance](#) for IIF ACC-08, “percentage of appointments where time from booking to appointment was two weeks or less”. The guidance describes the categories of appointments for which patients will frequently want the first available appointment and which are incentivised by IIF ACC-08.

What support will be available?

- **Technical guidance on how to improve reporting of PCN activity**

NHS England will provide updated guidance with specific support for known data quality issues such as recording of appointments by ARRS staff and recording of Service Setting to distinguish between enhanced access, practice and PCN activity. This guidance will contain practical steps to improve data quality whilst keeping the additional burden on PCNs to a minimum.

- **Access to the PCN Appointments Data Dashboard to provide data quality improvement information**

The PCN appointments data dashboard provides information about scheduled activity and usage of GP appointments at the practice-level within a PCN. The aim of the dashboard is to inform users about activity in their own PCN and the impact of seasonal pressures for management information. Users can only see information from their own PCN.

The dashboard gives PCNs greater visibility of their own data and provide a mechanism for PCNs to flag any data quality issues and feedback improvements to practices in their area. More information on this dashboard, including how to request access, is available [here](#).

- **Support for PCNs through regional engagement teams**

The NHS England Product Implementation and Relationship Management (PIRM) team provide support for practices, PCNs and ICBs with improvements in GP appointments data quality and completeness. The team provide direct support and engagement for specific data quality issues such as improvement in the recording of National Categories. To contact the PIRM team for support please email primarycare.domain@nhs.net.

- **Regular communication and engagement**

We will continue to engage with PCNs and practices, seek feedback and provide updated information and guidance on further support.

Annex B: Template for Capacity and Access Improvement Payment 2023/24

ICBs and PCNs should use this template in their preparatory work for access improvement in financial year 2023/24. The starting point set out below will help to inform a decision by the ICB about the award of Capacity and Access Improvement Payment (CAIP).

Sources for establishing starting position	Starting position	Agreed planned improvement by 31 March 2024
Overall starting position on access		
By 12 May 2023, develop an access improvement plan, agreed with the ICB	Creation of an access improvement plan	<ul style="list-style-type: none"> Achievement against the access improvement plan as agreed with the ICB in April/May 2023, especially in relation to improving navigation, triage and workload management processes and/or patient journeys through telephony and online contact routes.
<ul style="list-style-type: none"> Where an agreement was made to participate in a support package as part of the Support Level Framework, progress made as part of this should be used by the ICB as part of the assessment for Capacity and Access Improvement Payment. 		
1. Patient experience of contact		

Sources for establishing starting position	Starting position	Agreed planned improvement by 31 March 2024
Patient responses to the GP Patient Survey	<ul style="list-style-type: none"> • Trend over last five years (including latest year of 2022), with score for each practice in the PCN, the PCN, ICB and national score from the GP Patient Survey: <ul style="list-style-type: none"> ○ Q1. Generally, how easy or difficult is it to get through to someone at your GP practice on the phone? ○ Q4. How easy is it to use your GP practice's website to look for information or access services? ○ Q16. Were you satisfied with the appointment (or appointments) you were offered? ○ Q21. Overall, how would you describe your experience of making an appointment? ○ Q32. Overall, how would you describe your experience of your GP practice? 	<ul style="list-style-type: none"> • Given the GPPS for 2024 will be published after the ICB must make the assessment regarding the Capacity and Access Improvement Payment, GPPS should only be used for preparation rather than a metric against which improvement can be tracked during financial year 2023/24.
Other evidence on patient experience	<ul style="list-style-type: none"> • Friends and Family Test scores 	<ul style="list-style-type: none"> • Balanced assessment across a selection of the following components: <ul style="list-style-type: none"> ○ Improvement on Friends and Family Test scores

Sources for establishing starting position	Starting position	Agreed planned improvement by 31 March 2024
		<ul style="list-style-type: none"> ○ Improvements in coverage of the Friends and Family Test ○ Processes within the PCN to analyse and act on feedback ○ The overall strength of the improvement plan to improve patient experience ○ Local surveys covering patient experience ○ Information from Patient Participation Groups <ul style="list-style-type: none"> ● Are the practices in the PCN all complying with the existing contractual requirement to report results of completed Friends and Family Tests to NHS England and publish the results of the completed Tests (as required by Regulation 88 of the GMS Regulations 2015 and Regulation 80 of the PMS Regulations 2015)? [Yes / No]
<h2 style="color: #0070C0;">2. Ease of access and demand management</h2>		
<p>Assessment of current telephony functionality and across a PCN with the use of available baseline data to demonstrate responsiveness</p>	<ul style="list-style-type: none"> ● Is cloud-based telephony (CBT) currently in place with call-back and call queuing functionality? [Yes / No] 	<ul style="list-style-type: none"> ● CBT in place and call-back function activated, with use of data to drive improvement. ● Where practices are using analogue telephony, insert if a scheduled migration to CBT is in the diary, using a supplier from the national cloud-based telephony framework and time arranged to implement and understand data and drive improvements.

Sources for establishing starting position	Starting position	Agreed planned improvement by 31 March 2024
Assessment of online tool functionality and use	<ul style="list-style-type: none"> • Is online consultation, messaging and appt booking functionality in place? • Online consultation usage per 1,000 registered patients 	<ul style="list-style-type: none"> • Effective usage of online consultation system(s) by practices in a PCN, demonstrated by increased use of online consultation systems as a digital access route and triage support. • Online consultation usage per 1,000 registered patients.
3. Accuracy of recording in appointment books		
Current GP appointment data	GPAD dashboard data – see Annex A above	<ul style="list-style-type: none"> • PCN self-certification confirming that all practices in the PCN are: <ul style="list-style-type: none"> ○ accurately recording all appointments, by all relevant roles (including ARRS), at PCN and practice level (including enhanced access) in practice/PCN appointment books; and ○ when recording all appointments, complying with the urgent/same day and two week categorisation guidance on recording of appointments (see Annex). • ICB assessment based on self-certification and triangulation with PCN's appointment recording seen via the ICB GPAD dashboard.

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This publication can be made available in a number of alternative formats on request.