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**Draft PCN Service Specification – Response 15/1/20**

Following discussions held at Calderdale LMC and subsequently discussed and supported by lead officers from North Kirklees and Greater Huddersfield LMCs, please accept the following observations on the above draft specification.

It is clear from discussions that there are a number of key concerns in regard to the draft specification, which we would look to be both discussed and ultimately resolved by NHSe in any subsequent published contract specification.

Two key themes are present across the various service areas detailed, these are capacity and resources to deliver. Our primary concern is that at a time of high levels of pressure on general practice and with PCNs essentially still being in a state of infancy the demands expected in these proposals are unrealistic.

Assumptions have been made in the recruitment of additional workforce that are proving unrealistic. Although PCNs welcome the opportunity to increase workforce with the specialist roles detailed, experience to date has proven significant difficulties in this becoming a reality. Two key reasons for this are availability and quality that is capable of hitting the ground running. Any time taken from point of recruitment to develop competency impacts on the ability to deliver expectations.

In two of the service areas detailed, there are onerous demands being expected of or GP population. Specifically in the SMR requirements and the Care Home element. As discussed previously, the additional workforce that may be able to support some of this provision takes time to work at the required level of competency and clinical safety. GPs are expected to provide the required rate of SMRs whilst also fulfilling the requirements of the ‘Home Round’ elements of the Care Home provision yet the overall proposed contract specification does not address GP workforce effectively.

These themes of unrealistic expectation continue as you look at the requirements outlined for Anticipatory Care and Supporting Early Cancer Diagnosis. It is also clear that when you consider the proposed requirements in a local context there is a lack of connectivity with the demands faced by our secondary care colleagues at this time.

It is clear there needs to be a complete re-think in terms of expectation against resource allocation. As an LMC we are stopping short of saying to our GPs that we advise against signing, rather that in its present form we are not supportive.

Calderdale LMC

Supported as detailed above.