

Capacity and Access Improvement Payments (CAIP) Frequently Asked Questions

Contact Details	Contact details for Local Capacity and Access Improvement Payments (CAIP) in national team	<p>Queries should be emailed to england.generalpracticeaccess@nhs.net with CAIP included in the subject title.</p> <p>ICB CAIP trackers should be emailed to england.pccsdeliveryunit@nhs.net</p>
Better digital telephony	What evidence is required for this domain to be payable?	<p>By submitting the CAIP payment form the PCN Clinical Director is confirming that all their practices comply with the requirements listed:</p> <ul style="list-style-type: none"> • 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. <p>To support this, NHS England national team will share via regions, information that outlines; whether the solution has been implemented, DPN agreed, and data is being shared with NHS England.</p>
	Are there any exceptions?	<p>As outlined in the Network Contract DES Guidance section 11.3, “Where a practice is currently unable to adopt better digital telephony that is capable of enabling any of the components linked to this MGPA priority domain, for example because exit costs from a current contract are prohibitively high, and this has been agreed in writing by the commissioner, the “better digital telephony” MGPA priority domain (or “improvement” as referred to in the Network Contract DES Specification) will be deemed to have been achieved if the PCN has agreed with the commissioner a clear and deliverable plan to implement an appropriate digital telephony solution.”</p>
	Will the status of Data Provision Notice (DPN) for Cloud Based Telephony (CBT) be shared with ICBs – if so at what regularity and from when?	<p>NHS England national team are cascading to regions a list of practices who have not signed the DPN on a weekly basis for the purpose of increasing sign up. From November 2024, this will be cascaded on a monthly basis.</p>

<p>Better digital telephony</p>	<p>The guidance says data sharing agreements must be in place in order for a PCN to be able to claim.</p> <p>As we don't have an agreement yet for telephony, does that mean PCNs can't claim until after that has been set up?</p>	<p>The DPN for cloud based telephony was shared with all practices on 22 August 2024.</p> <p>PCNs are unable to claim for the Better Digital Telephony element of CAIP until all practices have signed up to the DPN and all the other telephony requirements have been met.</p>
<p>Simpler online requests</p>	<p>What evidence is required for this domain to be payable?</p>	<p>By submitting the CAIP payment form the PCN Clinical Director is confirming that all their practices comply with the requirements listed:</p> <ul style="list-style-type: none"> • Online consultation (OC) is available for patients to make administrative and clinical requests at least during core hours. • Practices have agreed to the relevant data provision notice (DPN) 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. <p>To support this, NHS England national team are cascading to regions a list of practices who have not signed the DPN on a regular basis.</p>
	<p>With regards to the CAIP expectations that an online consultation (OC) solution is available to patients to make administrative and clinical requests at least during core hours. From what point in the year is this required (as a minimum) to meet CAIP expectations for full funding?</p>	<p>Once all the practices within that PCN confirm they are meeting all the requirements of "simpler online requests" that PCN can submit their payment form. Once in place, this must continue to remain in place as described in table 1 section 11.3 in the Network Contract DES Guidance</p> <p>PCNs can submit the CAIP payment form any time prior to 31 March 2025. If they meet all the requirements, they are eligible for full funding of the simpler online requests domain.</p>
	<p>How are we defining core hours?</p>	<p>Core hours are defined as <i>"the period beginning at 8.00am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays."</i></p> <p>To qualify for CAIP, the online consultation solution should be available as a minimum during these hours.</p>

Simpler online requests	What is the definition of an Online Consultation tool?	<p>By 'online consultation tool', we mean a software system that enables patients to make contact with their practice online and seek health advice, describe their symptoms, ask a question, follow up on a previous issue, or make either a clinical or administrative request. This functionality is the minimum required, but the online consultation systems generally provide additional functionality.</p> <p>Further information is available here: NHS England » New digital and online services requirements: guidance for GP practices</p> <p>Online consultation tools are also defined within the General Medical Services Contracts (Regulation 71ZD) (The National Health Service (General Medical Services Contracts) Regulations 2015 (legislation.gov.uk) and the PMS Regulations (Regulation 64ZD) https://www.legislation.gov.uk/uksi/2015/1879/regulation/64ZD)</p> <p>Resources to support practices and PCNs to get the most from online consultation tools are available here: NHS England » Resources on implementing modern general practice</p>
	Is there a minimum range of services/conditions that Online Consultation solutions can be used for?	<p>Currently there is no minimum range as to what clinical services the Online Consultation solution should be used for. However, it must be available to make both administrative and clinical requests. PCNs will <u>not</u> be eligible for the CAIP payment if any practice in the PCN only makes administrative requests available through the OC solution throughout core hours.</p> <p>Further information relating to online consultations is available here: NHS England » New digital and online services requirements: guidance for GP practices</p>

<p>Simpler online requests</p>	<p>In addition to having the Online Consultation solution switched on at least during core hours is there a standard/expectation about when patients will receive some form of response, is there a particular mode this response should be shared through?</p>	<p>There should be clear communication with patients so that they understand the likely response time to their request.</p> <p>In line with the GP contract, patients should receive an appropriate response the same day if the request is made during core hours, or the next day if the request is made out of hours. This applies to contact made through any and all channels, not just digital channels. The response should advise when the patient will hear further information. See The National Health Service (General Medical Services Contracts) Regulations 2015 (legislation.gov.uk)</p> <p>The mode of the response should be appropriate considering the patient's needs and, where possible, their preferences.</p>
	<p>Is it ok for practices to review their capacity and demand in advance and tailor the number of Online Consultation submissions that they will accept in a day to meet this within their access models?</p>	<p>As described in Network Contract DES Guidance all PCN practices are required to have certain requirements in place and they must remain in place to be eligible for CAIP.</p> <p>The goal is parity of access across channels – be that face-to-face, walk-in or online. Therefore, limiting the number of submissions that can be made in a day by time or volume does not meet requirements.</p> <p>However, this does not mean all contacts will be resolved on the same day or by the practice, patients may be sign posted to other appropriate services or informed when they will be contacted. The response and timing of the response should take into account the patient's needs and where possible, their preferences.</p> <p>It is recommended that ICBs support practices to make improvements so that the Online Consultation system can be available across core hours where this is not already the case. This support includes the national General Practice Improvement Programme (GPIP) and local support offers.</p>

Simpler online requests	<p>There are Online Consultation (OC) solutions which will automatically switch off for new requests once a cap of online submissions has been reached.</p> <p>This means, that although a practice may have their OC solution activated during their core hours, if the cap is reached by 9am, no patient will be able to submit any OC submission, until the next day. Would this be acceptable for payment, or should the OC system be able to be used throughout all core hours at the practice, without a cap on submissions?</p>	<p>The goal is parity of access across channels – be that face-to-face, walk-in or online. Therefore, limiting the number of submissions that can be made in a day by time or volume does not meet requirements.</p> <p>However, this does not mean all contacts will be resolved on the same day or by the practice, patients may be sign posted to other appropriate services or informed when they will be contacted. The response and timing of the response should take into account the patient’s needs and where possible, their preferences.</p> <p>This means that having functionality in place to cap the level of submissions received would <u>not</u> meet the requirement to achieve that 10% of CAP funding.</p> <p>Core hours are Monday to Friday 8.00am until 6.30pm. The online consultation solution should be available as minimum during these hours.</p>
	<p>Are there any exceptions to Online Consultation solutions being available during core hours?</p>	<p>There may be exceptional circumstances where the online consultation (OC) solution may need to be turned off during core hours. PCNs will need to discuss exceptional circumstances with their ICB if OC has not been made available throughout core hours.</p> <p>It is recommended that ICBs support practices to make improvements so that the Online Consultation system can be available across core hours where this is not already the case.</p>
	<p>Are there any other exceptions?</p>	<p>If a PCN has a member practice that is exceptionally different to a mainstream (open registration) practice, the PCN should seek permission from their commissioner, in writing, to be considered an exception. If the ICB accepts this application, then the network could still be considered as having achieved the domain.</p>

<p>Faster care navigation, assessment, and response</p>	<p>What evidence is required for this domain to be payable?</p>	<p>By submitting the CAIP payment form the PCN Clinical Director is confirming that all their practices comply with:</p> <ul style="list-style-type: none"> • 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. <p>The following examples are not intended to be an exhaustive list:</p> <ul style="list-style-type: none"> • Practice has implemented a modern general practice approach (NHS England » Modern general practice model) • Practice staff have undergone care navigation training. • Practice confirms they have a consistent approach to care navigation (SOPs/practice protocols or similar in place) • Practice confirms they routinely ask patients regarding clinician preference or have other mechanisms for supporting continuity.
<p>Post Payment Validation</p>	<p>It would be helpful to understand what is expected and / or if there is any ICB flexibility with regards to the Post Payment Validation Process?</p>	<p>As stated in the Network Contract DES Specification section 10.4A.5c, <i>“the commissioner has the right to carry out post-payment validation of the PCN’s assessment of the achievement of any improvement. The PCN will promptly provide to the commissioner any information the commissioner reasonably requests for the purpose of validating the PCN’s assessment of achievement”</i>.</p> <p>ICBs can devise their own post-payment protocols and make reasonable requests to the PCN for the purpose of validating the achievement. In undertaking post-payment checks, ICBs are:</p> <ul style="list-style-type: none"> • advised to utilise existing data where possible. • not expected to need to carry out checks for all domains/practices but may wish to carry out a sample, or to seek further evidence if national data sets do not correlate with claims.
	<p>What if a PCN meets all the requirements for CAIP at point of claim but later in the year there is change and they no longer meet all the requirements?</p>	<p>As described in Network Contract DES Guidance and NHS England » Collective action by GPs: supporting guidance to be eligible for CAIP, all the components must be in place and they must remain in place.</p>

Audit	How will NHS England undertake its audit?	<p>NHS England will audit a sample of CAIP payments made in 2024/25. This will include a reconciliation of Clinical Director submissions, ICB payments and national data sets which can be used to verify the implementation of the listed components.</p> <p>The process is to be developed in late 2024 and implemented in 2025.</p> <p>It is not expected that ICBs collect additional evidence for all claims for this audit. If the audit identifies payments that do not correlate with national data sets, then further evidence may be requested at that time.</p>
	With regards to the audit what are the national data sets that will be used to verify the implementation of the listed components?	<p>The audit process is to be developed in late 2024 and implemented in 2025. As a minimum, we expect to use published GPAD, OC, and CBT data once available.</p> <p>NHS England will be monitoring data in relation to DPN sign up for CBT and OC in year and ICBs will be advised of practice status.</p>
Payments	Will there be further clarification regarding whether payments can be paid in part to a PCN where some, but not all, of the practices meet eligibility criteria or where all practices meet some, but not all, of the criteria – or will this be at ICB or PCN discretion?	<p>In relation to CAIP payments, there are three domains of CAIP funding, each has one third of the 30% attributed to it, which becomes payable when each domain has been demonstrated. (Meaning three opportunities for the PCN to submit)</p> <p>Each domain cannot be awarded as a partial payment.</p> <p>All practices in the PCN must be complying with the requirements for the PCN to receive each domain payment.</p> <p>A small number of exceptions apply to each domain as outlined in the relevant domain section of these frequently asked questions.</p>
	Can ICBs support payments being made and then clawed back if the practice does not meet the requirements?	<p>As outlined in the Network Contract DES Specification section 10.4A.5c, <i>“payment of an amount does not indicate that the commissioner is satisfied that the improvement has been achieved. The commissioner has the right to carry out post-payment validation of the PCN's assessment of the achievement of any improvement.”</i></p> <p>Therefore, post-payment validation allows the commissioner (ICB) to claw back monies from the PCN if is not satisfied the CAIP requirements have been met.</p>

<p>Payments</p>	<p>If a PCN has declared incorrectly, can they resubmit?</p>	<p>Network Contract DES Specification section 10.4A states <i>“The PCN can notify the commissioner at any time prior to 31 March 2025 and the notification can be in relation to one or more of the improvements. To avoid doubt, the PCN can only notify the commissioner once in relation to a specific improvement but can notify the commissioner at different times prior to 31 March 2025 in relation to different improvements.”</i></p> <p>If a PCN has declared incorrectly, they should notify the commissioner (ICB) in writing as soon as possible. The commissioner (ICB) can grant permission for that submission to be classed as void and allow the PCN to resubmit once the achievement has been made.</p>
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