NHS Resolution

21 July 2026

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FILE REF: SHA/26493

DECISION MAKING BODY: **GREATER MANCHESTER INTEGRATED CARE BOARD ("THE COMMISSIONER")**

PRIMARY CARE NETWORK: **SALE CENTRAL PRIMARY CARE NETWORK**

CONSISTING OF:
BODMIN ROAD MEDICAL PRACTICE
BOUNDARY HOUSE MEDICAL CENTRE
CONWAY ROAD MEDIAL PRACTICE
FIRSWAY HEALTH CENTRE
WASHWAY ROAD MEDICAL PRACTICE

DISPUTE RESOLUTION – NATIONAL HEALTH SERVICE (GENERAL MEDICAL SERVICES CONTRACT) REGULATIONS 2015

RE: FULL PAYMENT OF THE IFF 2022/23 AC-02 INDICATOR

1. Outcome

1.1 I determine that Sale Central Primary Care Network did not achieve the Investment and Impact Fund 2022/23 anticipatory care indicator AC-02.

1.2 In consequence I determine that no entitlement to payment arose under the Investment and Impact Fund 2022/23 in respect of that indicator.

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RE: FULL PAYMENT OF THE IFF 2022/23 AC-02 INDICATOR

1. INTRODUCTION

1.1 The above Primary Care Network ("**PCN**") referred the dispute in relation to its General Medical Services Contract for dispute resolution under the provisions of Regulation 83 of the National Health Service (General Medical Services Contracts) Regulations 2015 or Regulation 76 of the National Health Service (Personal Medical Services Agreements) Regulations 2015 (collectively the "**Regulations**").

1.2 The Secretary of State for Health and Social Care has directed that NHS Resolution exercise the functions of dispute resolution on their behalf. I, as an authorised officer of NHS Resolution, have made this determination.

2. APPLICATION FOR DISPUTE RESOLUTION

2.1 By email dated 31 January 2025 the PCN applied to NHS Resolution, for dispute resolution.

2.2 I have had regard to the following documents made available to me in consideration of this matter to ensure the just, expeditious, economical and final determination of this dispute:

2.2.1 Resume of the PCN's IIF AC-02 achievement score on CQRS at 2022/23 year end;

2.2.2 The PCN's PCSE payment statement August 2023 showing IIF achievement payment, not including payment for AC-02 indicator;

2.2.3 The PCN's initial email appeal to the Commissioner against no payment for AC-02 indicator;

2.2.4 The Commissioner's DCCP outcome letter to the PCN;

2.2.5 The Commissioner's further detailed appeal against no payment for AC-02 indicator;

2.2.6 The Commissioner's email acknowledgement of this appeal;

2.2.7 The Commissioner's final [GM wide] decision letter about AC-02 indicator payments; and

2.2.8 Evidence of reduced payment to the PCN for AC-02 indicator received on 20 December 2024.

3. PARTIES SUBMISSIONS

The PCN's application

3.1 "Sale Central PCN (SCPCN) wishes to raise a case with NHS Resolutions against the outcome of an appeal with Greater Manchester ICB (GMICB) regarding IIF 2022/23 AC-02 indicator.

3.2 The relevant parties are: Sale Central Primary Care Network, c/o Washway Road Medical Centre, 67 Washway Road, Sale, M33 7SS. email: gmicb-tr.salecentralpcn@nhs.net

and

3.3 NHS Greater Manchester, The Tootal Buildings, 56 Oxford Street, Manchester M1 6EU. Departmental email: enhancedserviceses1@nhs.net

3.4 The dispute details are best summarised in the detailed appeal letter in the zip folder, but in summary:

3.4.1 SCPCN believes it is entitled to full payment of the 2022/23 IIF anticipatory care AC-02 indicator, on the basis that:

3.4.1.1 its achievement of this indicator cannot be disproved, either on the absence of an improvement, as no baseline was set by GMICB, nor on an absolute improvement, as no data was available throughout the year, on which to review the results;

3.4.1.2 the burden of proof of achievement was never the responsibility of the PCN;

3.4.1.3 SCPCN was aware of and continued to work hard towards delivering the necessary health care improvements for this (unquantified) cohort of patients, particularly relevant in the post-Covid-19 year.

3.5 For a more detailed explanation of these points and why we feel the appeal should be upheld, this can be found in our appeal letter dated 29 11 23 to GMICB (document e in the list below).

3.6 Copies of the relevant NHSE contract documents in place, - at the start of 2022/23 year [B1357] & then updated in September 2022 [B1963], are enclosed in the zip folder.

3.7 Copies of the relevant correspondence between GMICB & SCPCN are enclosed in the zip folder, alphabetised for ease of reference:

a. Resume of SCPCN's IIF AC-02 achievement score on CQRS at 2022/23 year end;

b. SCPCN's PCSE payment statement Aug 2023 showing IIF achievement payment, not including payment for AC-02 indicator;

c. 2 8 23 SCPCN's initial email appeal to GMICB against no payment for AC-02 indicator;

d. 2 11 23 GMICB's DCCP outcome letter to SCPCN;

e. 29 11 23 SCPCN's further detailed appeal against no payment for AC-02 indicator;

f. 1 12 23 GMICB's email acknowledgement of this appeal;

g. 17 12 24 GMICB's final [GM wide] decision letter about AC-02 indicator payments;

h. evidence of reduced payment to SCPCN for AC-02 indicator received on 20/12/24.

3.8 Hopefully all the relevant information you need is attached; we appreciate your consideration of this."

Representations

<u>The Commissioners' representations</u>

3.9 "Thank you for writing to me on 29th January 2026 to inform NHS Greater Manchester, that NHS Resolution has received an application for dispute resolution from Sale Central Primary Care Network regarding 2022/23 IIF Anticipatory Care AC-02 Indicator.

3.10 We hope the below outlines the considerations the ICB took into account in its resolve of this matter.

3.11 Background

3.11.1 The Investment and Impact Fund (IIF), one element of the Primary Care Network Direct Enhanced Service (PCN DES), is an incentive scheme focused on supporting PCNs to deliver high quality care to their population, and the delivery of the priority objectives articulated in the NHS Long Term Plan and in Investment and Evolution; a five-year GP contract framework.

3.11.2 NHS England and NHS Improvement had already set out in August 2021 the plans for 2022/23 for PCN service specifications and the PCN Investment and Impact Fund (IIF).

3.11.3 It is also worth noting that in 2022/23 also saw the formal start of NHS Integrated Care Boards part way through the year, any responsibility for the design and planning of Anticipatory Care systems had previously been the responsibility of the Clinical Commissioning Groups (CCGs) at that time.

3.12 PCN Networks DES – IIF (AC-02)

3.12.1 NHS Greater Manchester Integrated Care (NHS GM) is obliged by regulation to apply the provisions of the Business Rules and Enhanced Service Directions/Guidance. This is to ensure a consistent framework of payment based on overall achievement. The payments are made in respect of all 'Achievement Points' achieved, whether or not the contractor was seeking to achieve those points.

3.12.2 It is recognised that the 2022/23 Investment and Impact Fund (IIF) presented some data challenges for PCNs nationally. This had been raised to NHS England and was due to several factors including a lack of timely and accurate reporting of activity and performance.

3.12.3 The IIF 22/23 guidance provides details of AC-02 including all coding used and the standardisation methodology used by NHS England » Network contract directed enhanced service – Investment and Impact Fund 2022/23: updated guidance (Appendix a:)

3.12.4 The issues raised by PCNs were around their inability to access emergency admissions data in year to be able to target improvements. Although commissioners had access to the Secondary Uses Service (SUS) data for their areas. This is the single, comprehensive repository for healthcare data in England and enables a range of reporting and analyses to support the NHS in the delivery of healthcare services, along with readily available population data.

3.12.5 This would only allow crude performance for AC-02 to be calculated, it was anticipated that this would be complex, particularly to incorporate standardisation, and would be an approximation of the national AC-02 data that has been calculated using the Hospital Episode Statistics (HES) data.

3.13 Appeals IIF AC-02

3.13.1 PCNs had two separate opportunities to achieve the entire reward for the IIF AC-02 indicator. The first is based on their relative improvement against an agreed baseline; in recognition of the fact that current low performers should have an opportunity to earn for the efforts required to improve.

3.13.2 The second opportunity to earn is based on an absolute level of performance, which ensures that those PCNs that are already high performing can access reward for maintaining that level of performance. PCNs are rewarded on whichever of the two bases upon which they earn the greatest number of points.

3.13.3 Of the 65 PCNs across NHS Greater Manchester, 11 achieved IIF AC-02. Of the remaining 54 that did not achieve, NHS Greater Manchester received appeals from 29.

3.13.4 Overall, each appeal can be categorised into one the following themes.

3.13.4.1 Data discrepancy issues

3.13.4.2 External factors preventing achievement

3.13.5 In accordance with delegated responsibilities for primary care commissioning and contracting by NHS England, NHS Greater Manchester has an established sub-committee of the Greater Manchester Primary Care Commissioning Committee (GMPCCC) which is known as the Direct Commissioning and Contracting Panel (DCCP).

3.13.6 The Panel has responsibility for contractual oversight of delegated primary care contract matters and has the authority to undertake the activity within its terms of reference. In accordance with NHS GM's Standing Financial Instructions, Standing Orders and Scheme of Delegation, the Panel has delegated authority from the GMPCCC, to take decisions or make recommendations on matters relating to the development and management of primary care contracts, in accordance with national guidance and regulations.

3.13.7 The NHS Greater Manchester Direct Commissioning Contract Panel (DCCP) met on the 20th September 2023 to consider all appeals received, including Sale Central PCN in relation to non-achievement of Investment and Impact Fund (IIF) indicators.

3.13.8 The majority of appeals were in relation to the IIF AC-02 indicator, which also correlates with some of the lowest achievement indicators across GM.

3.13.9 The NHS Greater Manchester primary care team raised several questions in relation to the indicators to NHS England's CQRS/National

policy team on 18th July 2023 and the advice received reflected that, as stated within the Network contract directed enhanced service.

3.13.10 "*If a PCN believes that the underlying data for the PCN (or for one or more core network practices within the PCN) is incorrect in relation to an IIF indicator based on a data extract from GP systems, they would decline to declare their achievement and raise the discrepancy with their commissioner. The commissioner is able, at its sole discretion, to make manual adjustments to data if the PCN can provide supporting evidence to explain why it is wrong*".

3.13.11 AC-02 is not subject to declaration, which ordinarily means that PCNs/commissioners should be referred to existing routes for querying and correcting errors in the source data (in this case routes for querying SUS submissions). However, as communicated to commissioners, for indicators like AC-02, where there has been significant delay in accessing indicator data to rectify poor performance had the PCN chosen to do so, commissioners can apply discretion outside of CQRS.

3.13.12 The NHS Greater Manchester Direct Commissioning Contract Panel (DCCP) advised PCNs of the outcome of their appeal to the Commissioner in relation to the Network Contract Directed Enhanced Service - Investment and Impact Fund (IIF) 2022– 2023. (Appendix b:)

3.14 NHS Greater Manchester – Resolution

3.14.1 NHS Greater Manchester is aware of the challenges faced in establishing outcome achievements against a number of the indicators which were included in the IIF for 2022/23.

3.14.2 The national response by ICBs has been variable in seeking to address this common issue.

3.14.3 Every effort has been made to identify any supporting evidence in respect to delivery and achievement of the AC-02 indicator for PCNs. However, in the absence of anything substantive, the ICB looked at how to be supportive in the recognition that there will have been work undertaken by the PCN in an effort to achieve this indicator.

3.14.4 In resolution for the indicator AC-02 whereby a PCN did not have substantive indication of achievement, the ICB has made a discretionary payment to PCNs at the national average achievement of 29%, as outlined within its letter dated 17th December 2024.

3.14.5 This payment was included within the December 2024 payment schedule for PCNs (Appendix c:)."

Observations

<u>The PCN's observations</u>

3.15 "I write on behalf of Sale Central Primary Care Network (U83990) in response to NHS Greater Manchester ICB's representations dated 17 February 2026 regarding our dispute about IIF 2022/23 AC 02 (Anticipatory Care).

3.16 At the outset, we note that the ICB's response largely describes, in general terms, how appeals were managed across Greater Manchester. It does not directly address the specific issues raised by Sale Central PCN in our original appeal of 28 November 2023, nor does it provide the calculation-based explanation we repeatedly requested. Our original grounds of appeal therefore remain unchanged and are maintained in full.

3.17 Our position remains that the ICB's approach to AC 02 in 2022/23 was procedurally unfair, insufficiently evidenced, and inconsistent with both the design of the indicator and the monitoring arrangements set out in national guidance. In particular:

1. AC 02 was not subject to PCN declaration. The Network Contract DES Specification (September 2022) explicitly states that AC-02 is not subject to declaration. The national guidance further directs PCNs to query discrepancies with the commissioner. This places the responsibility on the commissioner to explain and evidence how performance was calculated and why thresholds were or were not met, rather than requiring PCNs to "prove" achievement.

2. Promised in-year monitoring did not occur. National guidance states that monthly indicative performance "is expected to be available … from summer 2022" via the PCN Dashboard. In practice, this did not occur in a usable way for AC 02. As a result, PCNs were unable to monitor performance or target activity during the year.

3. The later proposal to pay 29% (national average) does not address the underlying problem. This approach does not evidence Sale Central PCN's actual performance under the published AC 02 methodology and does not resolve the procedural unfairness created by the absence of the promised monitoring arrangements.

3.18 What AC 02 required, and what the guidance promised PCNs

3.18.1 AC 02 is defined as the standardised number of emergency admissions for specified ambulatory care sensitive conditions (ACSCs) per registered patient, with a downward desired direction. Achievement points are determined through a composite approach (best of "improvement" versus "absolute").

3.18.2 The national IIF 2022/23 guidance also states that:

3.18.2.1 PCNs should be able to monitor indicative performance via the PCN Dashboard, with such performance expected to be available monthly by PCN from summer 2022.

3.18.2.2 AC 02 is not subject to declaration, and where a PCN believes its data is incorrect it should contact the commissioner to query the discrepancy.

3.18.2.3 AC 02 uses HES Admitted Patient Care (numerator) and NHAIS/PDS (denominator), with age- and sex-standardisation applied.

3.18.3 These commitments matter because AC 02 is an outcomes-based indicator. Without timely and transparent access to relevant performance information (or a commissioner-led alternative that was genuinely usable), PCNs were materially hindered in their ability to identify relevant patient cohorts and implement targeted anticipatory care interventions intended to reduce avoidable admissions.

3.18.4 In addition, national anticipatory care guidance places requirements on ICSs to design, plan for and commission anticipatory care working with relevant health and care providers, including general practice and PCNs. Sale Central PCN was not involved in any such design or planning in relation to AC 02 delivery expectations.

3.19 Response to the ICB's key assertions (17 February 2026)

"The ICB is obliged to apply business rules; payments are made for points achieved"

3.19.1 We do not dispute that national rules apply. Our concern is that the ICB has not demonstrated that those rules were applied fairly or transparently in this case, given:

3.16.1.2 the acknowledged lack of in-year access to AC 02 performance data for PCNs;

3.16.1.3 the guidance expectation that monthly performance should have been available from summer 2022; and

3.16.1.4 the "not subject to declaration" design of AC 02, which anticipates commissioner investigation and explanation where discrepancies are queried.

3.16.2 Simply asserting adherence to business rules does not address these points, nor does it explain how Sale Central PCN's performance was calculated.

"Commissioners only had access to SUS data; standardisation was complex"

3.16.3 The ICB's response effectively accepts that any in-year view available would have been a crude approximation and that incorporating standardisation would have been complex.

3.16.4 This reinforces our concern. If the system could not provide PCNs with usable, standardised, patient-relevant insight during the year, it was unreasonable to hold PCNs strictly accountable for an outcomes threshold whose purpose relies on timely and actionable intelligence. The guidance expectation of monthly performance availability indicates that this capability was anticipated as part of fair delivery.

"Some PCNs achieved AC 02"

3.16.5 The fact that a minority of PCNs achieved AC 02 does not demonstrate that the indicator was administered fairly. Variation may reflect differences in baseline risk, hospital coding practices, or local pathways, particularly in a context where most PCNs were unable to access in-year performance information.

3.16.6 This does not address the central issue raised by Sale Central PCN: that PCNs generally did not have access to the data the scheme said they should have had.

"AC 02 is not subject to declaration; discretion can be applied"

3.16.7 We agree AC 02 is not subject to declaration. That is precisely why the guidance directs PCNs to query discrepancies with the commissioner.

3.16.8 However, the exercise of "discretion" is not a substitute for:

3.16.8.1 providing the standardised numerator and denominator used for Sale Central PCN;

3.16.8.2 explaining how performance compared against both the "absolute" and "improvement" thresholds;

3.16.8.3 clarifying what baseline (if any) was used for assessing improvement; and

3.16.8.4 setting out clearly why the PCN was deemed not to have achieved.

3.16.9 The repeated suggestion that PCNs failed to submit adequate evidence is inconsistent with the design of a non-declarative indicator and reverses the burden anticipated by national guidance.

3.17 Absence of an agreed baseline or improvement target

3.17.1 The composite AC 02 methodology allows achievement either through absolute performance or relative improvement. However, the "improvement" limb presupposes that a baseline and improvement expectation are defined.

3.17.2 In Sale Central PCN's case, no baseline, improvement target, or expectation was discussed, agreed, outlined, or documented with the PCN. In the absence of this, it is not reasonable to hold the PCN

accountable for failing to achieve an improvement target that was never articulated.

3.18 Data sources, CQRS, and usability

3.18.1 AC 02 relies on HES Admitted Patient Care data and PDS/NHAIS denominators. CQRS is a reporting platform rather than a data source. Even if high-level reporting had been available, without the ability to reconcile performance to relevant patient cohorts or conditions, PCNs would not have had sufficient information to consciously focus preventive activity.

3.18.2 Despite repeated requests, the ICB has not explained how the HES-based data was used to determine that Sale Central PCN did not achieve AC 02, nor why this information was not made available to PCNs as anticipated.

3.19 The “29% national average” payment is not an adequate remedy

3.19.1 We acknowledge the ICB’s December 2024 letter offering a discretionary payment equivalent to national average achievement.

3.19.2 However, this approach:

1. Does not determine Sale Central PCN’s actual performance under the published AC 02 methodology.

2. Substitutes an arbitrary proxy for evidence, while withholding the calculation used to deny full payment.

3. Does not address the unfairness created by the absence of promised monitoring arrangements.

3.20 Remedy sought

3.20.1 Given that the ICB has been unable, both at the time of our original appeal and in its subsequent representations, to provide a transparent, calculation-based explanation evidencing why Sale Central PCN did not achieve AC 02 under the published methodology, we request that NHS Resolution directs the ICB to pay the full AC 02 entitlement.

3.20.2 In the absence of an evidenced and reasoned justification for withholding payment, continued non-payment is not sustainable."

Further Comments

On 15 June 2026 NHS Resolution wrote to the parties seeking the evidence the Commissioner relied on when taking its decision and for comments from the PCN in relation to said evidence.

<u>The Commissioner's Further Comment:</u>

3.21 "Thank you for the attached correspondence in respect of SHA/26493 – Sale Central PCN – Application for dispute resolution.

3.22 As requested, please find attached the AC-02 calculations for Sale Central PCN for 21/22 and 22/23 i.e. these include the 'Base figures' for the 21/22 year, and the 'Denominator and Numerator' values for 22/23. Tab 1 of the spreadsheet is specific to AC-02 and Tab 2 provides the PCN overall achievement."

The PCN's Further Comment

3.23 We note that the ICB has now, for the first time during the course of this longstanding dispute, provided a spreadsheet which purports to contain the AC-02 performance data used to assess Sale Central PCN's achievement for 2022/23.

3.24 This disclosure raises a number of significant concerns.

3.25 **1. The data has never previously been disclosed despite repeated requests**

3.25.1 The spreadsheet recently supplied to NHS Resolution has never previously been provided to Sale Central PCN.

3.25.2 This is particularly concerning because throughout both our original appeal to the ICB and our subsequent submissions during the NHS Resolution process, we repeatedly requested the data, calculations, methodology and evidence relied upon by the ICB in determining that Sale Central PCN had not achieved the AC-02 indicator. Specifically, we requested that the ICB explain how performance had been calculated, provide the numerator and denominator used, and demonstrate the basis on which payment had been withheld.

3.25.3 Despite those requests, the underlying data now being relied upon was never disclosed to us.

3.25.4 The appearance of this spreadsheet several years after the relevant contractual period and after the commencement of formal dispute proceedings raises obvious concerns regarding transparency and procedural fairness. Had this information been available when originally requested, the PCN would have had the opportunity to review, understand and, where appropriate, challenge the calculations being relied upon.

3.25.5 Given the passage of time, and the absence of any supporting information regarding the provenance, methodology, extraction process or validation of the data, it is now difficult for the PCN to comment meaningfully on its accuracy or completeness.

3.26 **2. The central issue remains that the data was not available during 2022/23**

3.26.1 The existence of retrospective data does not address the fundamental issue at the heart of this dispute.

3.26.2 As we have consistently stated throughout our appeal, and as acknowledged by the ICB itself, AC-02 performance data was not available to PCNs during the performance year through the mechanisms described in national guidance.

3.26.3 The PCN Dashboard, through which indicative monthly performance against IIF indicators was expected to be available, did not provide usable AC-02 performance information. Consequently, Sale Central PCN was placed in the impossible position of being expected to reduce emergency admissions without access to the data necessary to understand baseline performance, monitor progress, identify relevant patient groups or assess whether interventions were producing any measurable effect.

3.26.4 The issue is therefore not whether data can now be produced years later. The issue is whether the PCN had access to the information required to monitor and influence performance during the contractual period itself. We maintain that it did not.

3.27 **3. The ICB failed to fulfil the wider requirements relating to anticipatory care and improvement targets**

3.27.1 We also reiterate the concerns set out in our original appeal.

3.27.2 National guidance stated that Integrated Care Systems were required to design, plan for and commission anticipatory care services working with relevant health and care providers, including PCNs and general practices. Sale Central PCN was not involved in the design or planning of any anticipatory care arrangements relating to delivery of AC-02.

3.27.3 Furthermore, the baseline against which improvement was to be assessed was never discussed, agreed, documented or communicated to the PCN.

3.27.4 The AC-02 indicator contained an improvement component. However, no improvement target, baseline position or expected level of improvement was ever agreed between the ICB and Sale Central PCN. As we stated in our original appeal, where no baseline or improvement expectation has been defined or communicated, it is unreasonable to hold a PCN accountable for failing to achieve a target that was never specified.

3.28 **4. Our position remains unchanged**

3.28.1 The newly disclosed spreadsheet does not address the central grounds of our appeal.

3.28.2 Our position remains that:

- The data now being relied upon was never disclosed to the PCN despite repeated requests during both the original appeal and subsequent dispute process.

- AC-02 performance data was not available to the PCN during the assessment year in the manner envisaged by national guidance.
- The PCN therefore lacked the information necessary to monitor and influence performance during the contractual period.
- The ICB failed to involve the PCN in the planning and delivery arrangements for anticipatory care.
- No baseline or improvement target was agreed or communicated.
- The retrospective production of previously undisclosed data cannot remedy these procedural deficiencies.

3.29 Accordingly, Sale Central PCN maintains the position advanced in its original appeal and subsequent submissions to NHS Resolution.

4. CONSIDERATION

4.1 As part of my consideration of the application for NHS dispute resolution, I required an up-to-date version of the contracts in dispute containing all variations agreed since the contracts were signed. The PCN provided its members' NHS England Standard General Medical Services Contracts or Personal Medical Services Agreements and I note these have not been disputed by the Commissioner.

4.2 On the information provided to me, I am satisfied that the application for dispute resolution was made within the time limits as set out in the Regulations.

4.3 Prior to escalating this matter to NHS Resolution, Sale Central Primary Care Network ("**SCPCN**") sought to resolve the dispute through the available local dispute resolution mechanisms with the Commissioner.

4.4 Following notification that no payment would be made for the Investment and Impact Fund ("**IIF**") 2022/23 AC-02 indicator, SCPCN submitted an initial appeal to the Commissioner on 28 August 2023, challenging the non-payment decision. The appeal raised concerns regarding:

4.4.1 the absence of transparent performance data,

4.4.2 the inability to monitor achievement during the year, and

4.4.3 the lack of clarity as to how the SCPCN's performance had been assessed.

4.5 The appeal was considered by the NHS Greater Manchester Direct Commissioning and Contracting Panel ("**DCCP**") on 20 September 2023, which had delegated authority for determining such contractual disputes.

4.6 SCPCN subsequently received a formal outcome letter dated 2 November 2023, confirming that the appeal had not been upheld and that no additional payment would be made for AC-02.

4.7 SCPCN submitted a further detailed appeal on 29 November 2023, expanding on its original grounds and stating that:

4.7.1 AC-02 was not subject to declaration, and therefore the evidential burden rested with the Commissioner;

4.7.2 no baseline or improvement trajectory had been defined;

4.7.3 no usable in-year data had been made available to enable monitoring or targeted intervention; and

4.7.4 the SCPCN had not been provided with a calculation or explanation demonstrating non-achievement.

4.8 The Commissioner acknowledged receipt of this appeal but did not provide a substantive calculation-based response addressing these points.

4.9 In December 2024, the Commissioner issued a Greater Manchester-wide decision letter, confirming its final position on AC-02 appeals. The Commissioner concluded that, in the absence of “substantive evidence” of achievement, it would apply a discretionary payment at the national average achievement rate of 29% for affected PCNs.

4.10 This payment was made to SCPCN in December 2024.

4.11 SCPCN maintains that the matter remains unresolved. Accordingly, I consider that all reasonable steps to resolve this matter locally have been exhausted, and the dispute was appropriately referred to NHS Resolution for independent determination.

4.12 The application for dispute resolution relates to SCPCN's claimed entitlement to payment under the IIF 2022/23 in respect of anticipatory care indicator AC-02. The Commissioner has provided a copy of NHS England’s ‘Network Contract Directed Enhanced Service – Investment and Impact Fund 2022/23: Updated Guidance’ dated 30 September 2022 (the "**Guidance**"). I note that AC-02 is identified in the Guidance as an anticipatory care indicator within the ‘Providing high quality care’ domain, and that the relevant running period was 1 April 2022 to 31 March 2023 (the "**Relevant Period**").

4.13 I note that SCPCN has provided me with a "Resume of SCPCN IIF 2022/23 achievement" and that this document records that no payment was made in respect of AC-02.

4.14 There is no dispute between the parties that SCPCN had signed up for the Network Contract Directed Enhanced Service for 2022/23. The dispute centres on whether SCPCN was entitled to payment in respect of AC-02 and, if so, what amount that payment should be for. I note that payment depended on achievement against the relevant data. I consider that, in broad terms, AC-02 concerned the standardised

number of emergency admissions for specified ambulatory care sensitive conditions per registered patient. The improvement element was therefore assessed by comparing performance in 2022/23 against the 2021/22 baseline. The figures were derived from centrally held data, rather than contractor declaration, with Hospital Episode Statistics for the numerator and NHAIS/PDS for the denominator.

4.15 I note that SCPCN believes that it is entitled to payment in respect of the AC-02 indicator and has advanced several reasons for this to be the case. As summarised in its application for dispute resolution, the first of these was that if achievement could not be disproven, then payment should be made to SCPCN. I consider that this was based on the failure by the Commissioner to provide details as to the outcome of AC-02 to SCPCN. I understand this contention to be, in effect, that in the absence of evidence demonstrating non-achievement, payment should be made.

4.16 I do not accept that proposition as a freestanding basis for entitlement. In any event, I do not consider it necessary to determine the point in the abstract. As per the further comments of both parties, the Commissioner's calculation and analysis of AC-02 has now been provided and considered.

4.17 I note that AC-02 was a composite quantitative indicator which depended on achievement against the relevant data. As I have referred to, that data compared SCPCN's 2022/23 performance against the 2021/22 baseline, with the desired direction being downwards.

4.18 Having reviewed the further evidence, I am satisfied that SCPCN's in-year performance was worse than its baseline performance. The information also states that SCPCN did not meet the absolute threshold. On that basis, SCPCN did not achieve the indicator under either route, and the data therefore indicates that no entitlement to payment arose.

4.19 I therefore consider that the evidence now before me supports the conclusion that SCPCN did not achieve AC-02. In those circumstances, it is not necessary to determine what the position would have been had no such evidence been available.

4.20 I note SCPCN's comments relating to the burden of demonstrating achievement of the indicator. I understand this statement to be based on the fact that AC-02 was not a declaration-based payment, and that SCPCN was not required to submit evidence of achievement to the Commissioner in the ordinary course. However, I note that, as per the Guidance, if there was a discrepancy, a PCN was required to query this with the Commissioner. I therefore consider that the Commissioner was entitled to rely on the information available to it, unless SCPCN identified a specific discrepancy and adduced evidence capable of calling the Commissioner's figures into question. I do not consider that SCPCN has done so.

4.21 I note that SCPCN, in its further comments, has sought to challenge the provenance, methodology, extraction process or validation of the Commissioner's data. I consider those challenges to be general in nature. SCPCN has not identified a specific error in the Commissioner's calculation, nor provided an alternative

calculation. The principal reason advanced for questioning the figures appears to be that they were provided several years later. I consider that both parties would have been better served had the information been shared sooner. However, I do not consider that delay is, of itself, sufficient to render the Commissioner's figures unreliable.

4.22 Further, I have not been provided with any evidence or figures that might contradict the information provided. To the contrary, I consider that the information provided accords with the consistent approach of the Commissioner in stating that the indicator threshold had not been met. SCPCN's own "Resume of SCPCN IIF 2022/23 achievement" contains the exact same numerator and denominator as the Commissioner's document. Given that this document appears to have been produced in 2023, and accords with the new evidence, I conclude that there is consistency between the pieces of evidence. In such circumstances, I consider that the new evidence is reliable.

4.23 I therefore consider the starting position, on the basis of the performance data now before me, to be that SCPCN did not achieve the AC-02 indicator.

4.24 I have therefore gone on to consider whether there is any other basis on which payment should nevertheless be made. A point raised in SCPCN's appeal letter, and repeated in its later comments, was the issue of in-year monitoring. I note that the Guidance contains reference to PCNs being able to monitor their performance through a PCN dashboard. The parties appear to be in agreement that there was some issue with the ability to access timely information.

4.25 I am sympathetic to SCPCN in this regard and I accept that access to the relevant screen or dashboard may have assisted SCPCN in understanding its position during the year. I also accept that the absence of such access may have made it more difficult for SCPCN to monitor performance against AC-02. However, the Guidance is clear that payment can only be made where a PCN achieved AC-02.

4.26 SCPCN has not shown that access to the PCN dashboard would, on the balance of probabilities, have changed the outcome. SCPCN's position is that access would have enabled it to monitor and respond to its performance, but it has not identified what specific steps it would have taken, when those steps would have been taken, or how those steps would have resulted in AC-02 being achieved. I therefore do not consider that the absence of dashboard access provides a basis for treating attainment as automatic.

4.27 Having reviewed the Guidance, I do not consider that it provides any basis for treating AC-02 as achieved because of difficulties faced by a PCN. The absence of access to the PCN dashboard may be relevant background, and may explain why SCPCN considers the position to be unfair, but it does not alter the criteria for payment under the Guidance.

4.28 I also note that the lack of access to the PCN dashboard did not render attainment an impossibility, as the Commissioner has indicated that other PCNs were able to meet the requirements of AC-02. I note SCPCN's statement that there was "*full commitment to do the best we all can to preventing and reducing hospital admissions for our patients with these relevant medical conditions*". However,

SCPCN has not provided any evidence or an explanation of the specific steps it undertook to achieve AC-02. I do not consider that a general statement of commitment demonstrates positive action taken, expenditure incurred, or achievement of the indicator. I have not been made aware of what SCPCN did to attempt to achieve AC-02, even in the absence of access to the PCN dashboard. In those circumstances, I do not consider that SCPCN's stated commitment to the aims of AC-02 provides any basis for treating the indicator as achieved, or for concluding that payment was due under the Guidance.

4.29 To that end, I have had regard to the Guidance to consider whether there is any discretionary basis available to me on which payment might be directed notwithstanding non-achievement of AC-02. Having considered the statements of both parties and the documentation available, I do not consider that such discretion exists. Therefore, even if I were minded to make an award to SCPCN, I do not consider that I would have any legal basis to do so, or any basis on which I could require the Commissioner to make such a payment.

4.30 Having concluded that SCPCN did not achieve the threshold for AC-02, I determine that no entitlement to payment under the IIF arose in respect of that indicator.

5. DECISION

5.1 I determine that Sale Central Primary Care Network did not achieve the Investment and Impact Fund 2022/23 anticipatory care indicator AC-02.

5.2 In consequence I determine that no entitlement to payment arose under the Investment and Impact Fund 2022/23 in respect of that indicator.

5.3 I note that neither party has submitted a claim for interest. I make no determination in this regard.

Head of Appeals
NHS Resolution