

PMS Contract Reviews – London Overview

9th July 2015



National Requirements

In February 2014 Area Teams received guidance setting out a requirement to review all PMS contracts by March 2016. The purpose of the review is to secure best value from future investment of the 'premium' element of PMS funding. As a result of these reviews, any additional investment in general practice services that go beyond core national requirements (whether this is deployed through PMS or through other routes) should:

- reflect joint NHS England /CCG strategic plans for primary care;
- secure services or outcomes that go beyond what is expected of core general practice or improve primary care premises;
- help reduce health inequalities;
- give equality of opportunity to all GP practices, PMS,GMS and APMS;
- support fairer distribution of funding at a locality level.

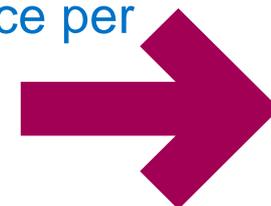
In addition, the letter stated there should be equal opportunity for all GP practices in a locality, regardless of contract type, to earn this additional funding if they are able to satisfy the locally determined requirements.

In September 2014, further guidance was issued that clarified the roles of CCGs in relation to commissioning services using PMS funding and that PMS funding should always be invested in general practice.

PMS Contract Funding

Name	Number of PMS Practices	Number of Practices
NW Total	99	400
NE Total	108	317
NC Total	97	237
South West	137	207
South East	190	244
Total	631	1405

- PMS premium funding amounted to £92,931,666 for London in 2014/15.
- This is an average of £20.50 per weighted patient over and above GMS (£73.56 in 2014/15).
- This difference will reduce as Minimum Price Income Guarantee (MPIG) is phased out, with the indicative increase in GMS price per weighted patient increasing to £78.33 in 2020/21.



Principles for the review

In addition to the national criteria set out for PMS contract reviews nationally, London will use a set of principles to underpin our approach. These principles are set out below by topic:

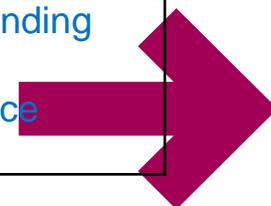
Contract/Commissioning	
1.	A single consistent contract model document
2.	A core set of required services over and above GMS requirements, across an SPG or CCG area.
3.	Core requirements should include the measurable indicators in the London Framework Specification.
4.	Consistent KPIs and monitoring regime included in the contract
5.	Practices whose contracts provide a specific service or population eg. services to homeless people, will be reviewed separately.
Finance	
1.	An agreed cost per weighted patient per borough that can accommodate the core consistent set of PMS requirements across boroughs
2.	Transitional financial support up to 2 years considered for practices that have a reduction in contract value 10%.
3.	Funding not invested in core PMS requirements to be reinvested in general practice for locally specific services by CCG or SPG through PMS contracts or other commissioning mechanisms.
Engagement	
1.	Engagement will be with individual practices, networks and representatives eg. LMC
2.	Communication and engagement plan for patients and public to inform decisions made on commissioned services or changes to services before they happen.



Decision Making

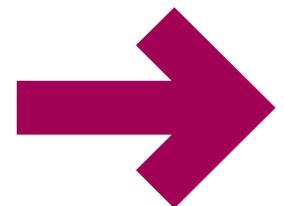
To ensure the delivery of the project by March 2016 the following will need to be agreed by NHS England and through the Joint Committees or Delegated Committees by end of September 2015, dependant on whether a CCG area is Level 1, 2 or 3 for co-commissioning. This is to allow sufficient time for consultation and negotiation, the drawing up of contract documentation and management of practice queries and concerns.

<ul style="list-style-type: none"> The overall approach and scope of the review within the area 	<ul style="list-style-type: none"> Definition of PMS core service requirements with locally relevant premium services included if appropriate (SPG or CCG wide)
<ul style="list-style-type: none"> PMS Core contract price and value of premium services 	<ul style="list-style-type: none"> Position on pooling PMS premium funding across CCG boundaries
<ul style="list-style-type: none"> Approach to transitional support 	<ul style="list-style-type: none"> Approach to PMS contractors who do not agree the new PMS terms (i.e. termination, reversion to GMS)
<ul style="list-style-type: none"> Agreed monitoring regime 	<ul style="list-style-type: none"> Agree and allocate use of PMS funding and/or additional funding for GMS practices to ensure equity of service offering.



Resource Requirements

- Additional resources will be required by the NHS England Primary Care team in order to deliver this programme of work. This was acknowledged through the OACP process and agreed as programme costs.
- The source of the funding for this programme costs will be the 1% primary care transformation allocation held by CCGs.
- The scope of the work being resourced and the financial value of the resource required must be notified to CCGs and agreed.
- The additional resources will be procured through the NHS England ECC process.
- That process is now more complex and is not reflected in the timeline prepared for the programme. There is a risk to the achievement of this programme should additional resources not be secured quickly.



Next Steps

It is proposed that a London PMS Programme Board is established with representation from the NHS England primary care team, Finance and Medical Directorate and Healthy London Partnerships. The group will need ongoing clinical input and support from colleagues in communications.

The group will be tasked with:

- Developing an options appraisal for the Joint committees/delegated to consider, detailing the alternative approaches for a review in their areas.
- Jointly develop an engagement and communication plan with practices, the LMC and the public for London and ensure local CCG based plans are in place.
- Develop a detailed project plan for each SPG and monitor progress in each.
- Monitor the implementation of the review, identifying and mitigating risks.
- Link with other relevant teams and work streams that may impact on PMS review process e.g. models of Care, out of hospital strategies and 17 London Standards.

A PMS Review Project Group for each SPG or CCG area should be established with NHSE and CCG representation. In South West London, this will be the Innovation Working Group.

These groups will manage the review and commissioning process at a local level, make recommendations to the joint/delegated committees on local services or core services and prepare specifications for the agreed local services. These groups would also link locally to deliver the engagement processes.

Progress made at the SPG/CCG groups will be reported to the London Programme Board to ensure the overall plan for London can be updated and learning shared.