

PMS Contract Reviews – London Update

10th September 2015

V2

Overview

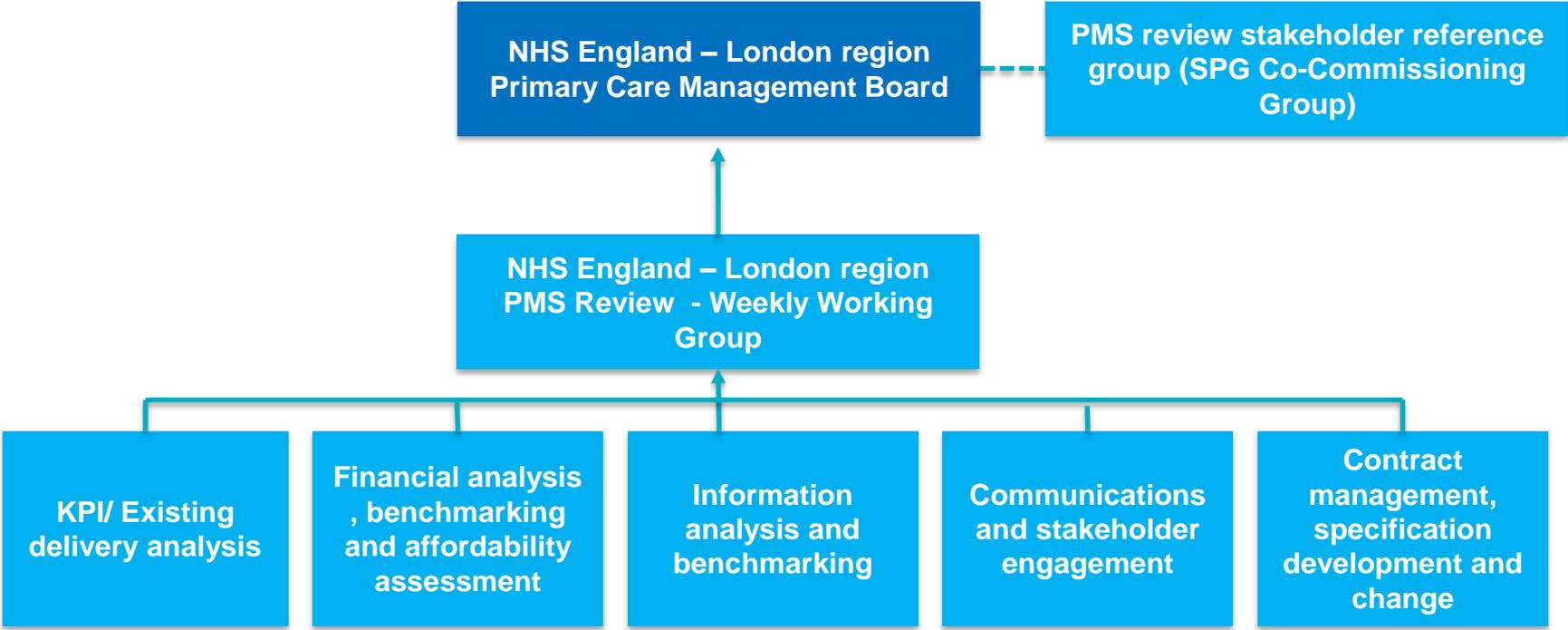
- A PMS Update was provided at the co-commissioning meeting on the 1st Sept
- This proposed:
 - A stakeholder reference group is set up to support programme management collaboratively with SPGs
 - A prioritised list of specifications from the Strategic Commissioning Framework to form a 'menu' of options
 - The key areas of input from CCGs

This item is for further discussion/ any further questions on the PMS Review

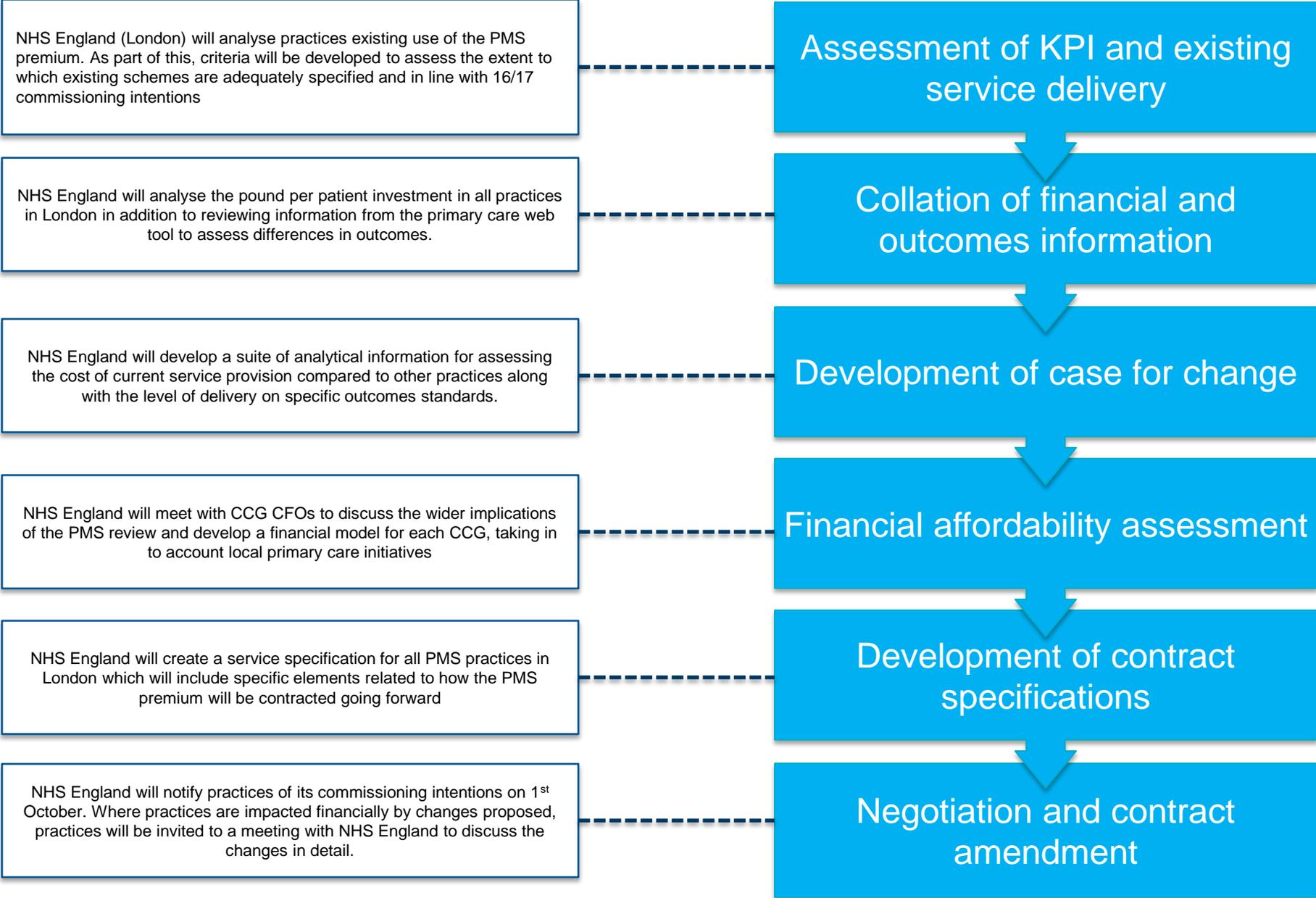
Programme management update

- Programme formally initiated in August 15, further updates later in the slide pack on work to date;
- NEL CSU commissioned for an initial 8 week period to support initiation of the programme and collation of case for change and information received from practices;
- Proposal that the SPG Co-Commissioning meeting becomes the PMS Stakeholder reference group;
- PMS Stakeholder reference group role will be to offer stakeholder input to the management of the programme and to cascade information to CCG Co-Commissioners;
- Programme set to be operational until 31st March

Governance structure – Programme reporting



Summary of programme phasing



Summary of information reviewed

- Overall 32 CCGs in London of which 19 CCGs have had a review and 13 outstanding.
- In total represents over 4.8m actual & 4.5m “weighted” patients
- PMS total expenditure in 15/16 over £430m (TBC)
- GSE calculated to be £354m (April 15 list size)
- Premium across London is around £84m after adjusting for out of hours

Phase update: Development of premium specifications

- The PMS contracts reviews offer a good opportunity in London to deliver and embed aspects of the SCF across London PMS practices and GMS as services are equalised.
- NHSE has reviewed the SCF to produce a draft ‘menu’ of SCF specification options in priority order that could be commissioned as premium services.
- These were assessed as appropriate for commissioning at a practice level, are measurable and would make a real impact on services to patients.
- We are seeking SPG level discussion and agreement to the ‘menu’ approach and the proposed specification options.
- Following that agreement, discussions at a CCG level will be required during September to establish which options are strategically appropriate and affordable.
- LMC engagement on the approach will also be undertaken in advance of any practice level discussions

Prioritised SCF Specifications

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Initial assessments of the SCF indicate that the Access specifications should be the basis of the London 'menu' of premium services to be commissioned through PMS contracts.

However, further discussion at SPG and CCG level is required to establish if these are already being commissioned via other routes such as Prime Ministers Challenge fund.

An assessment of the 'menu' affordability is also required at CCG level.

Priority Order	Service Specifications	What is already part of the contract?	Propose add as PMS Premium Service Specification?	Recommended for core contract addition?
3	A1: Patient choice	<ul style="list-style-type: none"> Reference to "offer and promote" online booking Contractor to "endeavour to comply with preference" for particular GPs 	<ul style="list-style-type: none"> Propose mirror APMS contract, specifying that all forms or booking and contact modes should be made available. APMS also includes adherence to the London patient registration policy 	Yes - include adherence to the London patient registration policy
2	A2: Contacting the practice	<ul style="list-style-type: none"> Reference to "offer and promote" online booking Telephone lines must not be to personal or more expensive numbers 	<ul style="list-style-type: none"> Propose 50% of appointments to be made available to book online by 31.3.17 and maintain at least that level following 	Yes
1	A3: Routine opening hours	<ul style="list-style-type: none"> Contractor required to provide services "as appropriate to meet the reasonable needs of its patients." in core hours (does not include Sat morning) 	<ul style="list-style-type: none"> Propose mirror APMS for Saturday opening hours ** Set required appts/1000 popn. Consider commissioning more appts/1000popn to increase capacity Link to a patient satisfaction KPI <p>** CCGs may be assuring weekend access delivery through other means eg. PMCF</p>	Add that main site must be open core hours
1	A5: Same day access	<ul style="list-style-type: none"> <i>Potentially addressed through A3 if commissioning more appointment capacity</i> 	No	No

Proactive care Specification

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Service Specifications	What is already part of the contract?	Propose add as PMS Premium Service Specification?	Recommended for core contract addition?
P1: Co design	<ul style="list-style-type: none"> (Sch 5, para 28) requirement for PPG 	No	No
P2: Developing assets and resources for improving health and wellbeing	<ul style="list-style-type: none"> Nil 	<i>No – likely to be better offered as a federation/population based</i>	No
P3: Personal conversations focused on an individual's health goals	<ul style="list-style-type: none"> Nil in std contract Avoiding unplanned admissions DES does include practice availability to vulnerable patients, proactive case management and personalised care planning using a risk stratification tool. DES ends 31.3.16 currently 	No	To add requirement for practice to participate in DES, LES and LIS schemes
P4: Health and wellbeing liaison and information	<ul style="list-style-type: none"> Nil 	<i>No – likely to be better offered as a federation/population based</i>	No
P5: Patients not currently accessing primary care services	<ul style="list-style-type: none"> Reference to Part 2 Schedule 1 Additional Services to CHI, cytology services but nothing requiring specific follow up 	No	<i>Add as a KPI for target attainment mirroring APMS</i>

Access Specification

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Service Specifications	What is already part of the contract?	Propose add as PMS Premium Service Specification?	Recommended for core contract addition?
A1: Patient choice	<ul style="list-style-type: none"> Reference to “offer and promote” online booking Contractor to “endeavour to comply with preference” for particular GPs 	<ul style="list-style-type: none"> Propose to mirror APMS contract, specifying that all forms of booking and contact modes should be made available. 	Yes - include adherence to the London patient registration policy
A2: Contacting the practice	<ul style="list-style-type: none"> Reference to “offer and promote” online booking Telephone lines must not be to personal or more expensive numbers 	<ul style="list-style-type: none"> Propose 50% of appointments to be made available to book online by 31.3.17 and maintain at least that level following 	Yes
A3: Routine opening hours	<ul style="list-style-type: none"> Contractor required to provide services “as appropriate to meet the reasonable needs of its patients.” in core hours (does not include Sat morning) 	<ul style="list-style-type: none"> Propose mirror APMS for Saturday opening hours ** Set required appts/1000 popn. Consider commissioning more appts/1000popn to increase capacity Link to a patient satisfaction KPI <p>** CCGs may be assuring weekend access delivery through other means eg. PMCF</p>	Yes - Add that main site must be open core hours
A4: Extended opening hours	<ul style="list-style-type: none"> Nothing in basic contract Extended Hours DES includes additional hours based on 30mins/1000pts 	<ul style="list-style-type: none"> <i>No – likely to be better offered as a federation/population based</i> 	No
A5: Same day access	<ul style="list-style-type: none"> Nothing specific 	<ul style="list-style-type: none"> <i>Potentially addressed through A3 if commissioning more appointment capacity</i> 	No
A6: Urgent and emergency care	<ul style="list-style-type: none"> Inclusion of need to provide emergency services Reference to appropriate skill level and that training should be provided 	<ul style="list-style-type: none"> <i>No</i> 	No
A7: Continuity of care	<ul style="list-style-type: none"> Requirement for ‘accountable GP’ for all patients who is responsible for co-ordinating a patient’s care is included 	<ul style="list-style-type: none"> <i>No</i> 	No

Co-ordinated Care Specification

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Service Specifications	What is already part of the contract?	Propose add as PMS Premium Service Specification?	Recommended for core contract addition?
C1: Case finding and review	<ul style="list-style-type: none"> Nothing in std contract Avoiding unplanned admissions DES does include Practice availability to vulnerable patients, proactive case management and personalised care planning using a risk stratification tool. DES ends 31.3.16 currently 	<ul style="list-style-type: none"> no 	To add requirement for practice to participate in DES, LES and LIS schemes
C2: Named professional	<ul style="list-style-type: none"> Requirement for 'accountable GP' for all patients is included 	<ul style="list-style-type: none"> No 	No
C3: Care planning	<ul style="list-style-type: none"> Nothing specific Some overlap in AUA DES which end 31.3.16 	<ul style="list-style-type: none"> No 	To add requirement for practice to participate in DES, LES and LIS schemes
C4: Patients supported to manage their health and wellbeing	<ul style="list-style-type: none"> Nothing in std contract Contractor required to provide services "as appropriate to meet the reasonable needs of its patients." Health promotion advice included 	<ul style="list-style-type: none"> No 	No
C5: Multidisciplinary working	<ul style="list-style-type: none"> Nothing in std contract Avoiding unplanned admissions DES does include Practice availability to vulnerable patients, proactive case management and personalised care planning using a risk stratification tool. DES ends 31.3.16 currently 	<ul style="list-style-type: none"> No 	To add requirement for practice to participate in DES, LES and LIS schemes

Programme next steps in September

- Analysis of the use of existing PMS premium to be finalised;
- Financial and outcomes analysis first draft prepared and validated;
- London 'menu' of premium specification options drawn from SCF agreed with CCGs,
- Commissioning strategies/ priorities received from CCGs and collated.
- Pound per patient, specification costing and modelling at CCG level finalised and commissioning intentions agreed;
- Case for change shared in draft and completed following SPG/CCG engagement.
- Further discussion with London LMCs on approach.
- London Region communications plan completed and shared.

PMS Programme proposed areas for CCG input

Key CCG input in to the process – proposed areas for joint working and engagement

- Local commissioning intentions for primary care, noting the need to ensure alignment with local and London wide initiatives (e.g. the strategic commissioning framework)
- Agree approach to transitional support where CCGs are budget holders for primary care (delegated commissioners), Joint Commissioners will be asked to comment on the proposed approach
- Agree content of contract specifications developed for London and any locally developed specifications, the approach to sign off and annual review/ monitoring
- Affordability modelling for the CCG of commissioning intentions and review the investment in all primary care
- Linking on local communications plans and resources

Appendix



Background and context

What are we trying to achieve?

In February 2014 Area Teams received National 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 (provided they are able to satisfy the locally determined requirements);
- support fairer distribution of funding at a locality level.

In September 2014, further guidance was issued clarifying that CCGs must be involved in commissioning decisions related to PMS funding

All savings gained from the review process must be reinvested in General Practice

Key principles of the PMS review

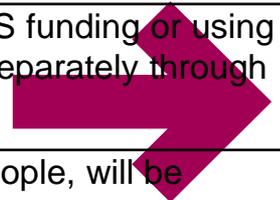
The key principles underpinning the review process are:

- Decisions on future use of PMS funding are agreed jointly with CCGs
- Review on a case-by-case basis to ensure that they are not serving special populations that merit continued additional funding and that they would not be unfairly disadvantaged by the changes.
- Proposals for reinvestment should take account overall net impact of any funding changes
- Any resources freed up from PMS reviews should always be reinvested in general practice services

In detail - principles for the Review

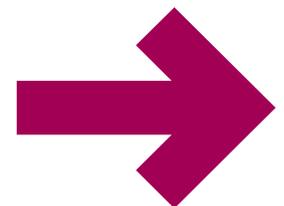
Contract/Commissioning

1. The single national NHS England PMS contract model to be used across London
2. Develop a PMS Premium specification of required services over and above GMS requirements, across an CCG or SPG footprint.
3. The specification will include the appropriate and measurable indicators in the London Framework Specification that have been prioritised to be commissioned through PMS contracts at a London level. CCGs/SPGs should select from those prioritised indicators to meet the local needs and that can be funded.
4. Consistent KPIs and monitoring regime included in the contract. Current APMS KPIs will inform this process.
5. All responsible commissioners NHSE/CCG are committed to the review process and commissioning aims to improve access and the improvement of primary care.
6. NHSE will ensure reviews are completed in partnership with Level 1 and 2 CCGs. Level 3 CCGs will be responsible for ensuring PMS contract reviews are completed within the timeframe which will be monitored by NHSE through the assurance process. Level 3 CCGs will have the opportunity to access the 1% headroom to support the work or can choose to commission NHSE primary care team to deliver it.
7. Where PMS contracts have KPIs in place, the performance data required by those contracts will be used by commissioners to review and assess future commissioning intentions.
8. Where PMS contract reviews have not already been completed and performance data is not available, commissioners will request evidence from PMS practices of current deliverables and assess future commissioning intentions.
9. Any released PMS funding will be reinvested in general practice.
10. CCGs/SPGs with NHSE may choose to commission locally specific services with released PMS funding or using additional funding at a CCG level. This could be contractualised through the PMS contract or separately through a Local Enhanced Service.
11. Practices whose contracts provide a specific service or population eg. services to homeless people, will be reviewed separately.



In detail - principles for the Review contd

Finance	
1	The review will establish as a minimum an agreed cost per weighted patient for the delivery of the agreed specification across all PMS providers at a CCG level.
2	Transitional financial support up to 2 years considered for practices that have a reduction in contract value 10% or a specified financial amount.
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.
4	Transitional funding requirements to be funded from 1% NR monies for a period of two years.
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.



PMS Programme Management

PMS Programme progress updates

Phase update: Assessment of KPI and existing service delivery

- NHS E (London) have contacted all PMS practices to request information on existing use of the PMS premium;
- NW London information received and being collated, all other information to be received by 4th Sept;
- Local strategies for Primary Care/ priorities for CCGs to be requested and again collated. Request information from CCGs no later than 25th Sept.

Phase update: Collation of financial and outcomes information

- The principles set out in the Once for London approach previously agreed with the LMCs in 2012 have been followed for the analysis
- “Budgeted” amounts for PMS practices in 15/16 have been adjusted for out of hours opt out; inflation and reinvestment of enhanced services in line with national guidance to obtain 15/16 amount
- A comparison has been made for each CCG against the global sum equivalent (GSE) the difference being the PMS premium.

Assumptions with workings

- The list of PMS practices provided by finance is being validated and may be subject to change.
- List size information used is as at 1st April 2015
- Budgeted information provided by finance to be checked against what PMS practices paid in 15/16

Inclusions / Exclusions

- The financial review of PMS practices only considers the baseline amount to compare it to the global sum.
- It does not include other income streams like QoF, premises, enhanced services, seniority, etc