

# PMS Contract Reviews



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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.

NHS England is in the process of analysing the current PMS baseline in order to understand the services that form part the 'core' and 'premium' element of PMS funding in each CCG area.

The baseline assessment is the first step in the review process. Once the starting position is known, a financial assessment and case for change will be created by NHS England and discussed with CCGs. The principles of the new PMS offer will incorporate the CCG's wider primary care strategy and a number of priority areas from the London Strategic Framework.

Once the principles of the new offer are agreed at a CCG level, NHS England will arrange to meet with practice to discuss the outcome and negotiate the new contractual terms. Amended contract documentation will be issued accordingly.

The following slides outline the programme phasing, what London's offer will look like and a breakdown of the current PMS Services and KPIs.

# Summary of programme phasing

Assessment of KPI and existing service delivery

Collation of financial and outcomes information

Development of case for change

Financial affordability assessment

Development of contract specifications

Negotiation and contract amendment

Actions for NHS England/ CSU support team:

- Letter sent to PMS practices by HoPC to request breakdown of PMS premium use;
- Responses received by practices analysed
- Where not already available, each CCG is to provide local strategies for primary care;
- Criteria assessment developed to assess practice responses against principles for the PMS review and against local strategies;
- Panel assesses responses
- Panel formally writes to the practice to confirm whether their use of PMS premium funding fits within criteria;

- Analyse financial information and create pound per patient across all practices in London;
- Create reports showing average and range of funding per patient for GMS, APMS, PMS (PMS broken down to PMS already reviewed and PMS not reviewed);
- Analyse primary care web tool information in the bundles listed above. At a high level, focus on difference in the range of triggers and review types.
- Provide overview analytics and finance report to support case for change

- Financial assessment of pound per patient investment in to each practice across London and the variation within PMS practices in each borough;
- Analytical review of outcomes shown in each practice, triangulated against the investment;
- Peer review of baseline information gathering and an assessment by NHS England medical directorate of the key themes;
- Communications support to the delivery of a case for change

- NHS England to provide current finance models for 32 boroughs
- Produce guidelines setting out eligibility criteria for transitional financial support;
- Identify practices who are eligible for transitional financial support for up to 2 years, and agree bespoke funding arrangement;
- Contact CCG/SPG leads/set up meetings with CCG/SPG leads to understand wider strategy for primary care;
- Map current enhanced services coverage in each borough;
- Map proposed CCG LCS in each borough as part of primary care strategy plans for additional investment for practices;
- Identify the long term financial implications of the review on all practices in the CCG recognising the need for equitable service offerings across CCGs.
- Agree price/patient with each CCG

- Of 17 SCF priority areas, determine which areas are contractual requirements and excluded from process
- Prioritise areas for delivery by practices (note some are suited to wider delivery and in some instances not entirely by practices)
- Identify leads for specification areas from HoPC
- Develop draft specification for each area identified
- Establish pan London task finish groups to review drafts
- Price each specification and agree with stakeholders
- Provide specifications to CCGs to determine which are priorities for their area

- Following a decision by the CCG and NHSE and on a price/patient NHS E (or on behalf of Level 3 CCG) provide practices with their revised finance schedule and the next steps;
- Confirm new specifications the practice will need to deliver as part of their PMS premium funding;
- Arrange to meet with the practice to discuss the outcome of the review and to address any questions they may have.
- Amend contract documentation accordingly.
- Issue the new PMS Contract and documentation to Practices;
- Issuing of new GMS Contracts, if as a result of a PMS review, it is agreed the Practice will revert to GMS.

Decisions/ actions for CCGs

- Agree criteria for assessing current use of premium
- Agree priority specifications or whether CCGs will develop their own

- Confirm with CCGs the value of local enhanced services, incentive schemes and planned schemes
- Agree average £ per patient
- Agree approach to transitional support

- Feedback from CCGs on content of specifications

# London Region's 'Offer'

NHS England is in the process of developing documentation and supporting information to be used as part of the PMS review. London Region's offer will include:

- A standard PMS contract template
- PMS specification
- A list of Key Performance Indicators (KPIs)
- Financial modelling
- An analysis of price per weighted patient of PMS contracts
- A letter to practices where information not available on services delivered/performance against PMS premium
- A communications plan – at London level
- A high level assessment of CCG PMS contract alignment with national requirements
- A generic risk register

# Current PMS Services

	Wandsworth	Croydon	Sutton	Merton	Richmond	Kingston
<b>Core Services</b>	Essential and Additional Services	Essential and Additional Services	Essential and Additional Services	Essential and Additional Services	Essential and Additional Services	Essential and Additional Services
<b>Premium Services</b>	Deprivation Scheme Children Under 5 Years Scheme	Deprivation Scheme Children Under 5 Years Scheme Young People 16-24 Years Sexual Health Scheme Females 25-54 Years Sexual Health Scheme Minor Injuries Scheme	Extended Minor Surgery	Extended Minor Surgery	Minor Surgery	Included as part of KPI objectives

Please note: The core and premium services described in this table provide a brief snapshot of the services that form part of the PMS contracts in SWL. This information is for summary purposes only, actual practice level provision will differ.

# Current PMS KPIs

	Wandsworth	Croydon	Sutton	Merton	Richmond	Kingston
<b>PMS Contracts</b>	31	43	25	23	2	11
<b>Number of KPIs</b>	10	10	16	16	20	23
<b>KPI Categories</b>	Mental Health, Immunisation, CVD, COPD, Hypertension, CHD, Obesity, Diabetes, Dementia & smoking	Mental Health, Immunisation, CVD, COPD, Hypertension, CHD, Obesity, Diabetes, Dementia & smoking	Improve Immunisation uptake, Improved Access, Reduce Hospital admissions & reduce medicine waste	Improve Immunisation uptake, Improved Access, Reduce Hospital admissions & reduce medicine waste	Access, Quality, Service Delivery & Value for money	Cervical cytology, Carer's strategy, Vital Signs, Hard to Reach Groups, Access, Mental Health Intervention, Referral & Audiology
<b>Data source</b>	QOF	QOF	Self-declaration / clinical performance	Self-declaration / clinical performance	Self-declaration / clinical performance	Self-declaration / clinical performance
<b>Frequency of Analysis</b>	Annual	Annual	Annual	Annual	Annual	Annual
<b>Achievement 2013/14</b>	Higher achievement 61% Average achievement 22% Lower achievement 23%	Higher achievement 67% Average achievement 23% Lower achievement 10%	94% of practices achieved performance minimum	100% of practices achieved performance minimum	92% average achievement across CCG	100% average achievement across CCG

Please note: The information in this table describe the contractual KPIs commissioned in SWL. This information is for summary purposes only, actual practice KPI sign-up and achievement will differ.