City of Westminster

Westminster Health & Wellbeing Board

Date:	17 March 2016
Classification:	**General Release**
Title:	Primary care co-commissioning – the PMS contract review
Report of:	Central London CCG and West London CCG
Wards Involved:	All
Policy Context:	Primary care co-commissioning has brought CCGs into the commissioning of local GPs services and, through this, enables them to align the development of primary care with the wider transformation of local health and care services. A major focus of co-commissioning for the past two months has been a review of a particular type of GP contract, led by NHS England.
Financial Summary:	The review is focused on ensuring best value is secured from the money invested in premium services commissioned from local GPs. This investment comes from an NHS England budget and, under co-commissioning, the CCGs are jointly responsible for determining the commissioning intentions that it will deliver.
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1. Executive Summary

1.1 This paper updates the board on developments in primary care co-commissioning since its last discussion about this area. It focuses on the review of GPs' PMS contracts (defined below) being led by NHS England, in which the CCGs are playing a role in determining new commissioning intentions and support arrangements for practices impacted by the review.

2. Key Matters for the Board

2.1 The board is asked to note and discuss the content of this report.

3. Background

3.1 NHS England is leading a national review of all GP PMS contracts. Given the advent of primary care co-commissioning, making decisions about the future shape of these contracts is now a joint responsibility of the CCGs.

3.2 PMS (Personal Medical Services) contracts are a type of GP contract introduced in 2004 to support Primary Care Trusts to commission additional services from GPs, linked to the specific needs of local populations. They exist mainly in contrast to GMS contracts, which provide for 'core' GP services. Nationally, PMS practices attract approximately £14 of additional funding per patient.

3.3 Both Central London CCG and West London CCG have a relatively high concentration of PMS contracts – 16 out of 35 practices and 22 out of 49 practices respectively. In Central London CCG, two PMS practices are designated as specialist practices and will be reviewed separately. Across North West London as a whole, approximately one quarter of GP practices hold a PMS contract.

3.4 In Central London CCG, the premium invested in PMS practices is £1.9m. In West London CCG it is £6.1m.

3.5 The purpose of the review is to ensure that this additional investment, or 'premium' funding, represents value for money. It should also:

- 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 (i.e, PMS, General Medical Services (GMS), and Alternative Providers Medical Services (AMPS)), provided they are able to satisfy the locally determined requirements; and
- support fairer distribution of funding at a locality level.

3.6 Any savings released from current PMS contracts as a result of this review must be reinvested into general practice across each CCG and thereby support increased equity in the primary care offer to all patients in Westminster.

3.7 The PMS review offers an opportunity to deliver and embed aspects of the London-wide *Strategic Commissioning Framework* (SCF) across both PMS and GMS practices as services are equalised. The SCF is a view of how primary care in London should be accessible, co-ordinated, and proactive, developed using public, clinician and stakeholder feedback through an extensive engagement process. NHS England has devised a menu of options that could be commissioned as services over and above the basic requirements of practices,

with money released from PMS contracts. The options are believed to be appropriate for commissioning at a practice level, measurable, and able to make a real impact on services to patients.

3.8 Londonwide LMCs has been engaged by NHS England on the development of this menu of options and the contract specification in which they will feature.

3.9 In October 2015 the NWL CCGs formed a PMS review steering group, which has undertaken the work required to inform, where appropriate, a common NWL-wide approach to the review. Decision-making power continues to be vested in each CCG's individual co-commissioning joint committee. The steering group is convened and chaired by NHS England and comprises lay, clinical, and executive members from the CCGs.

3.10 A key issue for the PMS review is that its outputs support ongoing work to design and develop a new model of primary care for Westminster, in turn based on the SCF. This has proven challenging, given the very tight schedule for the PMS review. The PMS review is best understood as a discrete instalment in the broader and ongoing work to transform local primary care services.

4. Considerations

4.1 The first stage of the review involved NHS England undertaking an analysis of the services that practices are currently delivering for their PMS premium payments. This analysis identified what services should, in fact, be considered core activity and what would be considered additional activity (against the GMS equivalent).

4.2 The CCGs reviewed this analysis to establish:

- Where services are or could be funded elsewhere, e.g. the service is now commissioned as an out of hospital service or could be considered under the Extended Hours DES (Directed Enhanced Service);
- Services that do not fall under 'core' or 'funded elsewhere' and are not services the CCGs would continue to commission because they do not support strategic priorities or cannot be prioritised given financial pressures; and
- Services that do not fall under 'core' or 'funded elsewhere' and are services that the CCGs would continue to commission, either via the PMS premium or through a 100% population-coverage based approach (e.g. similar to the OOHS contracting mechanism) to support the principles of the review, i.e. equity for practices and patients.

4.3 In defining their commissioning intentions for any PMS premium funding made available by the process described above, the CCGs have taken the following considerations into account:

- How they support the future vision for primary care and investment into the primary care elements of the CCGs' Whole Systems Integrated Care plans;

- Whether current services being delivered under the PMS premium are appropriate for investment across all practices going forward, against broader priorities; and
- The joint responsibility, with NHS England, to deliver the SCF, which each CCG in London has committed to delivering.

Engagement

4.4 Both CCGs are undertaking ongoing communication and engagement around the formulation of their commissioning intentions for the reinvestment of PMS premium funding. Activities undertaken and planned include:

GP membership:	○ Plenary sessions (CCG-wide and locality) for all practices, detailing commissioning intentions ○ Information pack outlining commissioning intentions distributed to practices
Patients and other stakeholders:	○ Communication and engagement events with relevant local groups including Patient Reference Groups, Patient and Public Engagement Committees, Patient Participation Groups, User Panel, etc. ○ Discussion about commissioning intentions at local co-commissioning joint committee meetings, which includes Healthwatch, LMC, and this Health and Wellbeing Board ○ Separate engagement with this Health and Wellbeing Board ○ Separate engagement with local LMC

Feedback

4.5 Both CCGs have received feedback that supports the direction of travel for their commissioning intentions, which are outlined below.

4.6 Both patients and practices are naturally concerned about the impact on local services.

4.7 Practices are keen to work with commissioners to shape the outcomes measures and reporting for the service to make sure they are meaningful.

4.8 The CCGs will continue to engage all of their local stakeholders as the review progresses.

Impacts

4.9 The CCGs are undertaking equalities impact assessments for services that are not deemed as part of the core contract by NHS England and for which no known alternative funding is available.

4.10 These equality impact assessments will be updated once practices receive their offer letters from NHS England, in order to understand the impact of the review and hence the actual impact to services and practices.

4.11 A period of financial transition period will help to mitigate the impact of the review on local practices and services.

4.12 The CCGs will also work with practices to establish what non-financial support they would find helpful. Early discussions on this question have so far suggested that business development, HR, and workforce planning would all be useful to practices. On workforce in particular, NHS England is intending to set up a London-wide group to ensure that no workforce is lost to the system as a result of the view and during the transition to broader new models of primary care.

4.13 The CCGs also envisage using other funding and opportunities to invest in primary care to help mitigate the impact

Commissioning intentions

4.14 At the time of writing, both CCGs are progressing through the governance required to agree their commissioning intentions.

4.15 The London menu referred to above contains some mandatory elements, which must be commissioned in all CCGs in London. These are key performance indicators for:

- Childhood immunisation – the five-in-one vaccine by one year of age (this is an injection designed to protect against five common childhood diseases);
- Further childhood immunisation for children at 2+ and 5+ years of age;
- Flu immunisation for people over sixty-five years of age;
- Flu immunisation for people under sixty-five years of age who are at risk of flu;
- Pneumococcal vaccines for people over sixty-five years of age and 'at risk' people over the age of two years; and
- Two 'patient voice' indicators, taken from the national GP survey, that offer various measures of patient satisfaction with general practice.

4.16 Further proposed CCG key areas for development of commissioning intentions are shown in the table below.

Central London CCG	West London CCG
○ Case finding	○ Primary care access
○ Care planning	○ Integrated care
○ Case management	○ Self-care
	○ Efficiency / working at scale

5. Legal Implications

5.1 This review will involve changes to the contracts held by some GPs in Westminster. Under joint co-commissioning, these contacts continue to be held by NHS England rather than the CCGs. The negotiation of new contracts will be undertaken by NHS England.

6. Financial Implications

6.1 Both CCGs are formulating commissioning intentions that reinvest their current PMS premium pots (see section 3.4). This money covers the commissioning of new premium services from PMS practices, transitional financial support to PMS practices, and the equalisation of the premium offer to all GMS practices. The decision-making forum for the review is each CCG's co-commissioning joint committee, which includes lay members, clinicians, commissioning mangers, as well as other local stakeholders (including this Health and Wellbeing Board).

If you have any queries about this report or wish to inspect any of the background papers please contact:

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APPENDICES:

None.

BACKGROUND PAPERS:

- NHS England, 'Review of PMS contracts', February 2014: https://www.england.nhs.uk/wp-content/uploads/2014/02/rev-pms-cont.pdf
- NHS England, 'Framework for Personal Medical Services (PMS) Contracts Review', September 2014: https://www.england.nhs.uk/wp-content/uploads/2014/09/pms-review-guidance-sept14.pdf