

Dear stakeholder

RE: PMS GP contract review

We wrote to you last year to tell you about the review of GP contracts that Barking and Dagenham, Havering and Redbridge CCGs (BHR CCGs) were conducting in partnership with NHS England (NHSE). The aim of this review was to reduce inequalities between practices in terms of the amount paid for providing the same services, ensuring better value for money for the NHS and fairer and more equal access to care for patients.

It was intended that the basis for all GP contracts across London would be the same, with local CCGs then being able to choose any additional services that GP practices could provide in exchange for extra payments, and which would focus on tackling specific local health needs. NHSE was leading on developing that core “London offer”, with close involvement from London wide Local Medical Committees (LW-LMCs) who represent most GP practices in the capital.

You may recall that local work on the PMS Review paused over the summer, while NHSE and LW-LMCs negotiated the London offer. It has since been determined that a ‘one size fits all’ approach is difficult to achieve for a city as diverse as London, and all parties agree that making progress on the review is the most important priority. CCGs have therefore been given responsibility for agreeing the PMS contracts as well as agreeing which ‘extra’ services practices should provide, and how much they will be paid per patient for those services.

This does mean effectively starting the review from the beginning, but it gives us an opportunity to look at our current GP service to see how we can ensure it will be resilient in the light of challenges being faced by the whole health and care economy. Through this review, we can help ensure that everyone in BHR will have equal access to the same types of service, no matter what sort of contract their GP has. We can create a service that is targeted to the unique health challenges and needs of our area – while ensuring all GPs are paid fairly and equitably for the services they provide.

We still have work to do in deciding what this service will look like and what the payments to GP practices will be. This will take time, but it is crucial that we get it right, and that we do it in a way that will not destabilise local general practice or unfairly disadvantage individual GPs. We hope that our partners will bear with us while we work out the detail, and we will of course keep you informed when we have more specific detail to share. I enclose a short briefing document which explains more about how GP contracts work, the reasons for the review, and the next steps.

If you would like to discuss any of this in more detail, please do not hesitate to contact me.

Sarah See, Director, Primary Care Transformation, BHR CCGs

Personal Medical Services (PMS) contract review

Barking and Dagenham, Havering and Redbridge (BHR) Clinical Commissioning Groups, as delegated commissioners for primary medical services alongside NHS England, have been conducting a review of all GP practices operating on a Personal Medical Services (PMS) contract.

The review is based on the principle that all GP practices should receive the same core funding for providing the core services expected of them. In order to receive additional 'premium' funding, practices need to be able to demonstrate that this will result in improved services, better quality, or to meet the specific needs of a particular population.

What is a PMS contract?

These are locally-agreed contracts between NHS England and an individual GP practice. PMS is an alternative to the nationally agreed General Medical Services (GMS) contract and allows for local variation in the range of services the practice provides and how it is paid for those services.

Currently, practices on a PMS contract are likely to receive more money per patient than those operating under a GMS contract. The premium is paid per patient per year, and the amount that PMS GP practices receive varies widely – both from borough to borough and within individual boroughs – and there is little evidence that the premium results in improved care or outcomes.

Forty GP practices across BHR currently operate under a PMS contract:

CCG	Number of PMS contracts	Total number of GP contracts
Barking and Dagenham	11	38
Havering	12	44
Redbridge	13	45
Total	36	127

Why carry out the review?

The purpose of the review is to ensure that in future the NHS gets the best value for money from the 'premium' element of PMS funding. We need to ensure that where practices receive enhanced payments from the NHS, they are providing premium services to merit this, and that any money spent on a GP practice above the agreed contract level will:

- 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, irrespective of their contract (provided that they are able to satisfy the local-determined requirements)
- support fairer distribution of funding at locality level.

A local working group was established in October 2015 to take forward the review in BHR, and it will continue to do this under the new locally delegated arrangements for the review. It is chaired by Redbridge CCG's lay member for patient and public engagement, Khalil Ali, and members include the primary care clinical director lead for each CCG, as well as relevant CCG finance and primary care staff. Outside the CCG, the committee includes representatives from NHS England, as well as the Local Medical Committees (LMCs) to ensure input from general practice providers

Engagement

The CCGs have briefed all affected practices to inform them of the changes to how the review is being carried out, and we will continue to attend LMC meetings. To ensure the local authorities are kept informed, we will be attending local Health Scrutiny Committees and engaging with Health and Wellbeing Boards as soon as we have details of the proposed new contract arrangements. In terms of patient engagement, we will continue to provide updates to Healthwatch for each borough, and meet with the CCG Patient Engagement Forums when there is information to update on.

Next steps

Our PMS working group will continue to meet monthly. It will make recommendations to the BHR Primary Care Commissioning Committee (PCCC), which is responsible for decision-making for primary care commissioning. The PCCC will approve and sign-off the PMS contracts on behalf of the CCGs.

The indicative timeline for implementation is between 1 July and 31 October 2017, however BHR CCGs are working toward having the PMS review process completed locally by 1 July.