


PMS review and primary care update

Health overview and scrutiny sub-committee
19 April 2016


Natalie Keefe, primary care team, Havering CCG




Background - reminder

- In February 2014 NHS England (NHSE) issued national guidance that all PMS contracts must be reviewed
 - PMS contracts allow GPs to receive extra payments for providing enhanced services to meet local needs (as opposed to General Medical Services [GMS] contracts) – BUT great variation in payments between practices and little evidence that they have improved outcomes for patients
 - The review aims to move to a consistent, equitable approach, ensuring GPs are paid equally for providing the same services, and that PMS contracts are promoting innovation and improvement as originally intended.
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Background - reminder

- CCGs were asked to come up with “commissioning intentions”, to form the basis of their local PMS offer. This would be in addition to core contracts which would be consistent across the capital and were known as the “London offer”
 - Contract negotiations paused in spring/summer 2016 while NHSE and Londonwide LMCs (LW-LMC) discussed the content of the London Offer in the context of the GP Forward View
 - NHSE and LW-LMCs agreed a “one size fits all” approach will not work for London and wrote out to ask CCGs to progress the review at local level.
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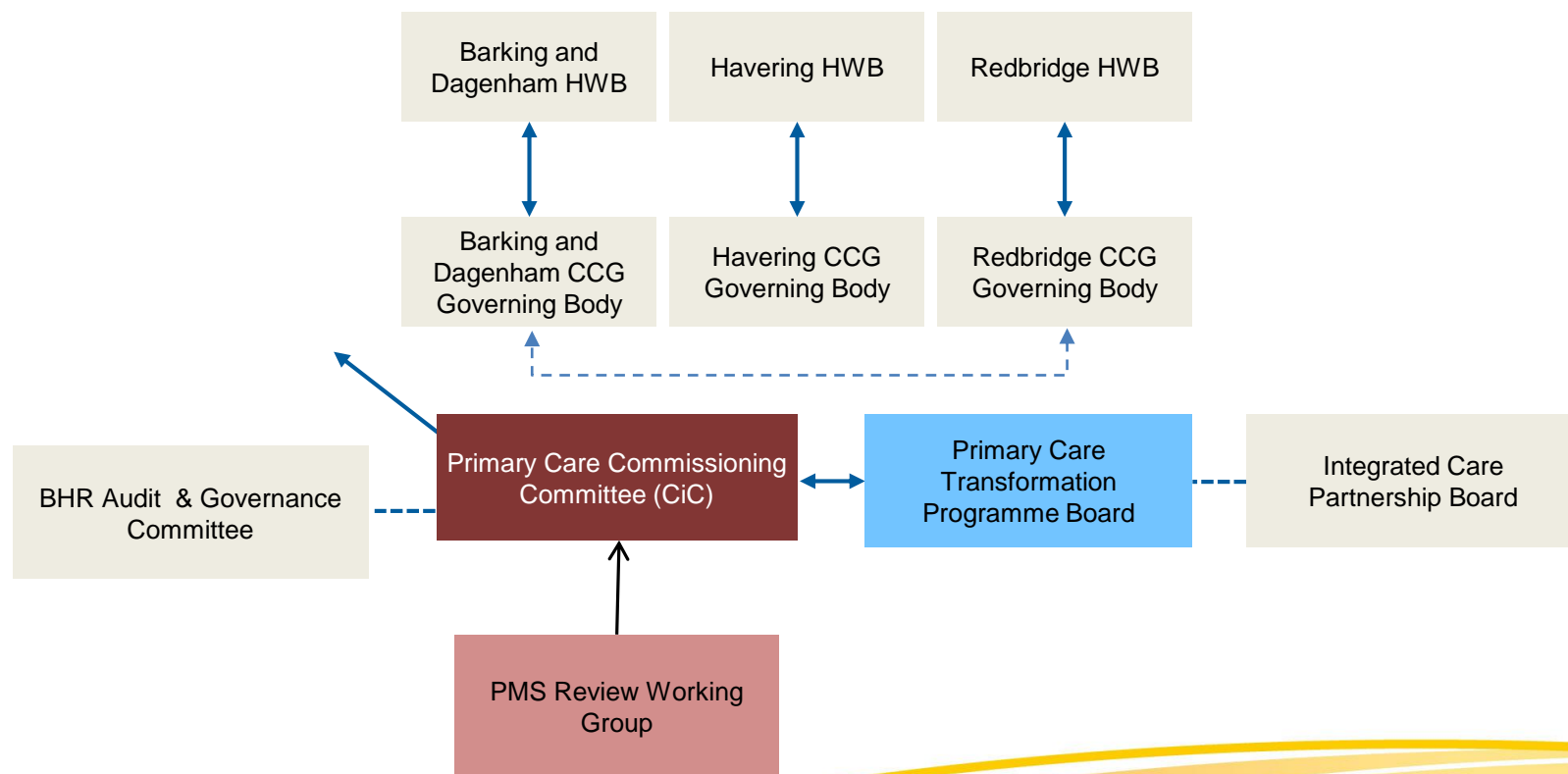
Key principles: PMS review

- Will make system fairer by paying every practice in a borough the same basic amount per patient
 - No reduction in level of GP funding in the CCG area: the review will give patients access to the same range of services regardless of what type of contract is held by the practice they are registered with
 - We aim to ensure no GP practice is unfairly disadvantaged by the review, and we believe most will be better off
 - We understand any practice whose basic income is seen to be reducing as a result of the review will be worried: putting in place a transition plan and will work closely with them to help manage this change
 - This review is just part of a wider transformation plan, which will bring investment in new technologies and ways of working, and give GPs the opportunity to enhance their income through innovation and performance.
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Key principles: local negotiations

- NHS England and LW-LMC have asked individual CCGs to determine their own core GP contracts and PMS premium, so they can recognise and address local health needs
 - BHR CCGs now working to draw up new core contracts, and decide which additional services should be provided by PMS practices and how much the new premium for providing those will be
 - This will of course take time, but it gives us the opportunity to design a modern local GP offer, and specify the services all residents should have access to
 - At the end of this process all patients will have access to the same range of services, reflecting the unique needs and challenges of their borough, and GPs will be paid equitably for providing the same services.
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Governance overview



Local context in BHR - reminder

CCG	Number PMS practices	Total premium value	Ranking of premium value in London	Min/Max premium (£pwp)
Barking and Dagenham	11/38	£2.4m	2 nd highest premium	£9.50 / £58.13
Havering	12/44	£1.03m	3 rd lowest premium	£10.17 / £11.51
Redbridge	13/45	£1.02m	8 th lowest premium	-£2.16 / £27.77


Financial affordability: principles

- Over five years GMS/PMS increase of £7.3m (from £62.9m to £70.2m) across BHR – exceeding our funding increase
 - STPs required to remain overall within their control totals during timeframe of the plan
 - BHR CCGs must remain within overall affordability total – individual CCG agreements must account for this
 - North East London STP seeking equity for providers across the region, BHR remain more challenged in terms of funding
 - Each CCG area is in a different state regarding current funding to practices. Will be necessary to reflect this in different agreements, including phasing and transition timing
 - A balance in timing must be achieved for equalising PMS and GMS contracts.
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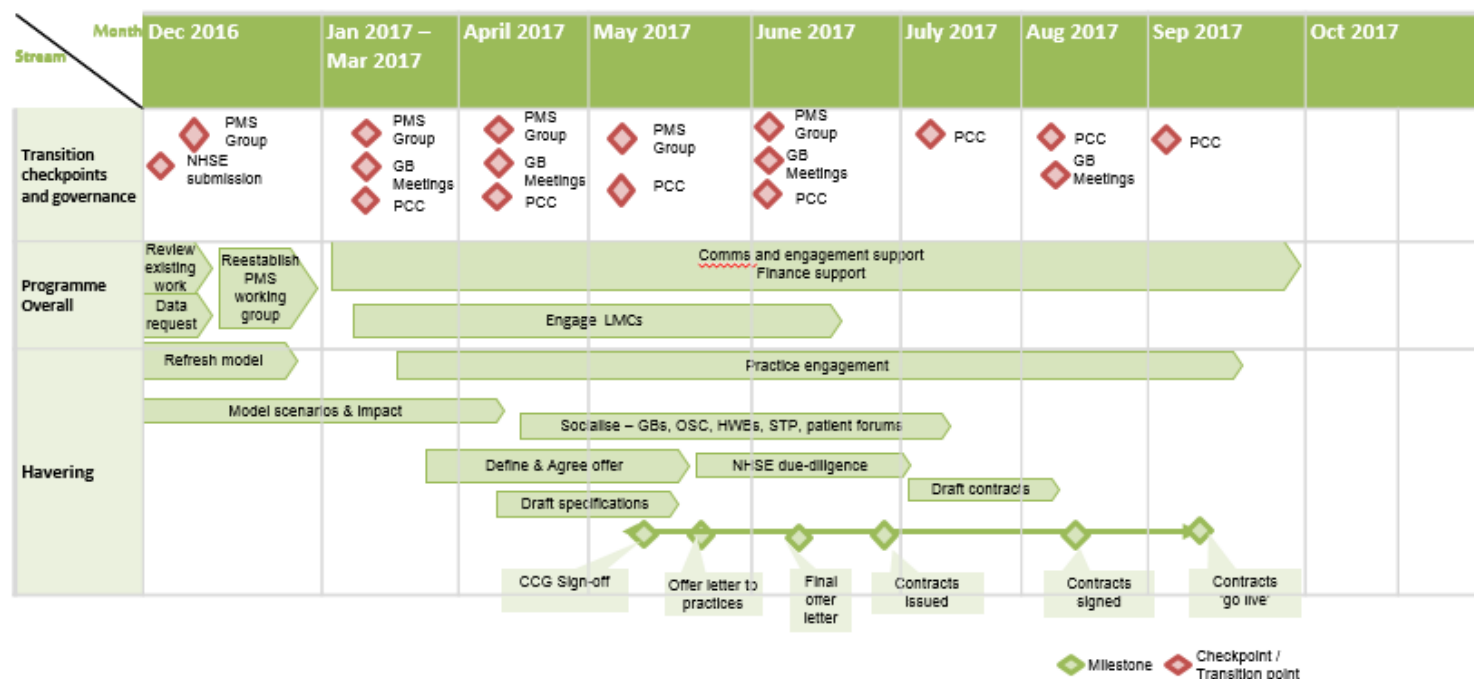
Affordability: solutions to be explored

A number of options need to be explored to ensure contract expenditure remains within allocation.

This may include (but is not limited to) reviewing:

- current PMS offer assumptions
 - premium transition costs
 - Phasing of GMS alignment
 - Current primary care investment funding
 - GP Forward View initiatives (inc improved access)
 - Economy-wide solutions.
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Draft implementation plan




CQC inspections update

CCG	Total number of practices	Number of visits taken place with published reports	% of visits taken place with published reports	No. rated 'Inadequate' (special measures)	% rated 'inadequate'	Number rated 'requires improvement'	% rated 'requires Improvement'	Number rated 'Good'	% rated 'Good'
B&D	38	30	78.95%	3	10.00%	7	23.33%	20	66.67%
Havering	44	35	79.55%	1	2.86%	14	40.00%	20	57.14%
Redbridge	45	28	62.22%	2	7.14%	9	32.14%	17	60.71%
Total	127	93	73.23%	6	6.45%	30	32.26%	57	61.29%

- CQC advise all visits have been completed – but 26.77% in BHR still to be published
- Barking and Dagenham CCG (and Havering) in bottom five nationally for highest percentage of practices rated 'inadequate' or 'requires improvement'

CQC: support offered to practices

- **Template policies and procedures emailed to practices** – include confidentiality, correspondence, dealing with medical device and safety alerts, repeat prescribing, recruitment, significant event review template and complaints procedure
 - Access to **online training** resource sent to practices October 2016 – includes complaints handling, equality and diversity, fire safety, health and safety, infection control and manual handling
 - **Face to face training and workshops** – include infection control (clinical and non clinical staff), safeguarding, fire safety, health and safety, chaperone training, CPR
 - **Support programme for practices rated 'requires improvement'** – intending to provide support programme to these practices, to help them make improvements and achieve a good rating at re-inspection
 - All Havering practices that have been rated 'requires improvement' will be offered opportunity to voluntarily participate in the programme.
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GP networks

- Local practices have been working together to set up GP networks
 - Three networks – for north, central, and south Havering have been established and are meeting regularly. Each network has two named lead GPs.
 - Havering Partnership Network Board has been established, and network leads are to take part in leadership development programme commissioned from UCLP
 - Quality improvement will be a key priority, with a quality improvement programme to be rolled out across all three. Recruitment for six QI facilitators is under way.
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