



1. Review of General Practice Personal Medical Services (PMS)

- 1.1. The contents of this paper can be shared with the general public.
- 1.2. This paper is for the Health & Wellbeing Board meeting on the 2nd February 2016.
- 1.3 Author of the paper and contact details:

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2. Summary

- 2.1 This Report has been prepared to summarise the key findings emerging from a review of all General Practice Personal Medical Services (PMS) contracts across England undertaken by NHS England during Feb 2014 and March 2016.
- 2.2 In 2014 NHS England launched a national review of PMS contracts. In Brighton and Hove City there are 5 GP practice sites that operate under a PMS Contract.
- 2.3 PMS contracts are locally negotiated contracts compared to the nationally negotiated General Medical Services (GMS) contract and were used to allow for commissioning of services which more closely reflected local need, the financial arrangements for those services and the provider structure.
- 2.4 NHS England has written to the practices operating under a PMS contact outlining the approach to the review in accordance with the National guidance. These reviews need to be completed and any proposal implemented by March 2016.

- 2.5 The CCG has a role in working with NHS England to review the current provision of these practices where they provide services above core General Medical Services to ensure it is in line with our local strategic plans and determine how any funding released will be reinvested locally in primary care.
- 2.6 Conclusion, The aim of the PMS contract review is to ensure any extra funding above and beyond what an equivalent practice on a GMS Contract would receive is linked to providing extra services. This will ensure that every GP Practice in the country will receive the same core funding for undertaking core work, and that any additional funding for additional services is agreed with local commissioners, against a set of consistent principles and criteria.
- 2.7 Next Steps, Following the conclusion of the review NHS England will notify The Practice Group of the outcome, the pace of change for any “premium” removal and arrange contract variations as appropriate.

3. Decisions, recommendations and any options

- 3.1 The Health and Wellbeing Board is recommended to note the information provided in this report and agree to accept future update papers regarding the outcome of the review

4. Relevant information

- 4.1 Brighton and Hove have 5 General Practices who hold a PMS contract under review and managed by The Practice PLC. These practices are located within the centre on the city and more remote practices to the east and west of the city.
- 4.2 One of the centre located practices provides services to our homeless population; this weighting has been included within the information provided by The Practice PLC to NHS England and the CCG.
- 4.3 The CCG have carried out initial discussions with NHS England and The Practice PLC to establish which options are strategically appropriate and affordable.
- 4.4 These will be assessed as appropriate for commissioning at a practice level to align with CCG Primary Care Commissioning intentions and Proactive care model.

5. Background and context

Background:

- 5.1 Personal Medical Services (PMS) agreements were introduced in 2008 in advance of changes to the national General Medical Services (GMS) contract in 2004.
- 5.2 The key aims of PMS were to:
 - Provide greater freedoms to address the primary care needs of patients
 - Enable flexible and innovative ways of working
 - Address recruitment problems by providing roles for salaried GP and supporting enhanced roles for nurses
- 5.3 Many practices received premium funding as part of the PMS contract that is now seen as potentially inequitable in relation to the amount paid to GMS contractor for an equivalent contract. Following a data collection exercise in 2013 it was identified that services commissioned nationally through PMS premium funding may not offer added value beyond that of a standard GMS contract or may duplicate other service or payment mechanisms.
- 5.4 In 2014 NHS England launched a national review of PMS contracts and Local Area Teams were informed that they should:
 - Begin a programme of reviews from April 2014 and to complete this process by March 2016 at the latest
 - Seek to secure best value from future investment of the “premium” element of PMS funding by ensuring available resources for investment are deployed in line with the following criteria:
 - o Reflect joint Area Team/CCG strategic plans
 - o Secure services or outcomes that go beyond what is expected of core general practice
 - o Help reduce health inequalities
 - o Give equality of opportunity to all GP practices
 - o Support fairer distribution of funding at a locality level
 - Decide on an appropriate pace of change for any “premium” removal that takes into account the impact on services to patients and the individual practices affected



CCGs are expected to work alongside NHS E during the review to identify the priorities for reinvestment that will support delivery of the local primary care strategy.

Context - Current local situation

- 5.5 The Practice Group was advised in September 2015 by NHS England that, in line with national guidance, a review would be undertaken of their funding and service provision over and above that of practices operating under GMS contracts.
- 5.6 Practices sites would be review on a case-by-case basis to ensure that they are not serving special populations that might merit continued additional funding, and that they would not be unfairly disadvantaged by the changes.
- 5.7 The following General Practice sites within Brighton and Hove operate under a PMS Contract held by The Practice Group:

Provider	Patient Population
Boots North St	2,082
Brighton Homeless Healthcare	1,138
Whitehawk Medical Practice	3,339
Willow House	1,959
Hangleton Manor Surgery	2,010
Total	10,528

- 5.8 In line with national guidance PMS practices were given three options to consider
- Option 1 – remain as PMS and if appropriate make a case for retaining part or all of the PMS premium or a phased reduction of the PMS premium
 - Option 2 – Revert to GMS
 - Option 3 – Revert to GMS with phased reduction of PMS premium
- 5.9 If premium funding is reduced or removed a transitional period until 2020 has been agreed, with 20% reduction in the current PMS Premium each year over this time. Any funds released by the PMS reviews will be available for the CCG to reinvest in primary care services.



- 5.10 Practice sites were given the opportunity to provide information on what the PMS premium was currently used for, any specific populations they serve, what impact the removal of the PMS premium would have and any other specific issues.
- 5.11 This information is intended to enable the CCG to understand the services provided and whether those over core GMS services should continue to be funded or if monies will be released for local reinvestment and the timescales for this.
- 5.12 Locally it is anticipated the review will highlight existing variation and the vulnerability of these practice sites, and it is likely there would be a significant impact if premium funding is removed. Meetings between The Practice Group, NHS England and the CCG are being held to discuss the implications in detail.

6. Supporting documents and information

- 6.1 Stake holder and patient letters issued by NHS England.

