

Item: 7.1

Item 7.1

Report to:	Primary Care Commissioning Committee
Date of Meeting:	22 nd February 2019
Title of Report:	Strategic Commissioning Plan for Primary Care & Primary Care Update
Presented by:	Geoff Day, Head of Co-Commissioning, NHS England Phil Davis, Strategic Lead - Primary Care, NHS Hull CCG
Author:	Hayley Patterson, Assistant Primary Care Contracts Manager, NHS E

STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

The purpose of this report is to update the committee on primary medical care matters including contract issues within Hull and to provide national updates around primary medical care.

RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee:

- Approve the boundary change for Dr Cook;
- Consider and make a decision on the list closure extension for Wolseley Medical Centre;
- Approve the boundary change for Calvert / Newington and;

(d) Note the NHS England updates.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No

Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

Integrated Delivery

The updates contained within this report support the CCG objective of Integrated Delivery through the development of primary care medical services at scale, the implementation of incentive schemes in primary care to manage need and the development of pathways across primary, community and acute care.

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	Financial implications where relevant are covered within the report.
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HR	HR implications where relevant are covered in the report.
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Quality	Quality implications where relevant are covered within the report
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Safety	Safety implications where relevant are covered within the report.
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ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

None

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

None

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

STRATEGIC COMMISSIONING PLAN FOR PRIMARY CARE & PRIMARY CARE UPDATE

1. INTRODUCTION

The purpose of this report is to:

- Update the committee on the Strategic Commissioning Plan for Primary Care
- Update the committee on primary medical care matters including contract issues within Hull
- Provide national updates around primary medical care

2. BACKGROUND

Not applicable

3. CONTRACT CHANGES

Practices	Further Information	Action Needed
Dr Cook (B81095)	Application received to expand the practice boundary (Appendix 1 - report)	For a decision
Wolseley Medical Centre (B81047)	Application received to extend the closure of the practice list for a period of 3 months (Appendix 2 - application form)	For a decision
Calvert / Newington (B81675)	Application received to re-define the practice boundary (Appendix 3 - application form)	For a decision

3.1.1 Dr Cook – expansion of the current practice boundary (Appendix 1)

Dr Cooks has experienced an influx of patients requesting to register with the surgery since the commencement of the Modality Group engagement work around practice reconfiguration in the area. The practice is reporting that they are handing out between 20-30 registration packs per day. Some patients that are requesting to register with Dr Cook are currently outside of their practice boundary.

List size 31st December 2018 - 3576

List size 24th January 2019 - 3672

The practice would like to take this as an opportunity to extend their current practice boundary into Sutton and Kingswood.

A practice visit was undertaken on 24th January 2019 to discuss the rationale behind the boundary extension. In 2017, the practice applied to reduce their boundary as at that time it covered the whole of Hull. The

reduction at that time was requested due to pressures that Care Home visits were putting on the practice. It was more practical to reduce the practice boundary rather than close the practice list. The practice and their patients now have access to the Modality Home Visiting Service and this has reduced the pressure and subsequently improved the capacity within the practice.

The practice has adopted a triage model which has resulted in reduced workload for the GP allowing more time to focus on the more complex patients.

An additional GP will be joining the practice in March 2019. It is hoped that they will join as a salaried GP rather than a locum.

There were no comments received from the other practices or the LMC.

3.1.2 Wolseley Medical Centre – list closure extension application (Appendix 2 - application form)

In October 2018, the Committee were asked to make a decision in relation to a boundary change and list closure application for Wolseley Medical Centre.

The boundary change was approved and the Committee asked for further information in relation to the list closure. This list closure was approved in December 2018 for 3 months with a review in 2 months. This review was to come back to PCCC on 22nd February 2019.

A meeting took place with the practice on 6th February 2019 to discuss the situation in general and progress against the action plan.

During the list closure period the practice have been successful in recruiting a GP who will join the practice in April and cover 6 sessions per week. They have also employed additional regular locum cover to ensure that the Partner GPs are not overwhelmed by workload. This is not financially sustainable in the long term. This includes sessions being delivered by another GP from within their Grouping. .

The practice has upskilled nursing staff to deal with some blood results and the FY2 to screen routine communications. Both have resulted in a reduction of demand on the GPs time. The practice is continuing to upskill the admin team to perform non-clinical tasks on behalf of the GPs.

The purchase of new patient check in screen, which has additional questions and auto updates QOF info (e.g. smoking status) and contact detail changes into patient records, is reducing demand on receptionist time.

The practice is continuing to utilise the Grouping based paramedic service for home visits.

Despite all of the above, the practice is still under pressure with the current GP partners experiencing long days. The locums supporting the practice do not cover on-call.

The practice has applied to extend their temporary list closure for a further 3 months. Whilst the list has only reduced by around 30 patients, the closure has prevented the list from growing and protected the practice from the associated volume of work (new patient checks, medication reviews etc) and impact on appointments created by new patients.

They feel the extension will allow them to further progress and embed the work they have done in the past 3 months. This additional time will allow the new salaried GP to be fully inducted and brought up to speed with the SOPs and prepare for the list re-opening.

At the time of writing this report, the application is out to consultation with the other practices. Any comments received will be presented verbally at the meeting.

Progress against the plan is shown in the table below:

Issue	Action(s)	Person Responsible	Timescale	Actions to date	Outcome	Update as at 6 th Feb 2019
<p>GP Partner retiring which will leave 2 partners in the practice - 1 x GP and 1 x ANP</p> <p>Despite numerous attempts the practice is experiencing difficulties in recruiting on a permanent basis</p> <p>The lack of clinician availability has impacted on appointments and the practice are experiencing an increase in waiting times for patients to be seen</p>	<p>The practice will continue to advertise for another GP - the practice has registered with 2 recruitment agencies and will look to accessing resilience funding to support with this</p> <p>The practice will explore recruiting other health care professionals</p> <p>Explore further support from practices within the grouping</p>	<p>JB / CH</p>	<p>Ongoing</p>	<p>The practice has secured commitment from 2 GPs to work in the practice from April 2019</p> <p>The practice has secured long term Locums for first quarter of 2019</p> <p>Secured some clinical support from a practice within the Grouping</p>	<p>To secure permanent workforce within the practice which will provide resilience and sustainability going forward</p>	<p>The practice has secured support from the grouping</p> <p>The practice did interview an ANP but they were not suitable</p> <p>The practice is using the grouping ECP Home Visiting Service but they are currently down 50% as lost 2 members of staff</p> <p>The practice has been successful in securing a GP from April 2019 who will cover 6 sessions</p> <p>They have also been successful in securing a long-term locum who is covering 4 sessions</p>
<p>Locums providing basic consultation services</p>	<p>To develop practice protocols and standard operating procedures which increase the scope for the locums</p> <p>To train locums in</p>	<p>Dr Pande</p> <p>Dr Pande</p>	<p>Jan 2019</p> <p>Feb 2019</p>		<p>Locums able to do more and reduce pressure on GP within the practice</p>	<p>The practice is developing protocols and standard operating procedures</p> <p><i>The practice has currently had to</i></p>

Issue	Action(s)	Person Responsible	Timescale	Actions to date	Outcome	Update as at 6 th Feb 2019
	practice protocols and standard operating procedures so able to fully assist the practice					<i>increase the amount of money it is allocating per month for locum costs which is not sustainable</i>
Increased workload - document management	<p>Implement document management process within the practice team:</p> <ul style="list-style-type: none"> <input type="checkbox"/> To develop practice protocols and standard operating procedures <input type="checkbox"/> To implement the protocols and SOPs within the administration team. <p>To train the F2 trainees in document management and practice nurse(s) in reading and filing blood results</p> <p>To investigate the use of technology to streamline dictation of referrals (an app that converts speech to text)</p>	<p>JB / CH</p> <p>CH</p> <p>Dr Pande</p> <p>Dr Pande /secretarial team</p>	<p>Jan 2019</p> <p>Feb 2019</p> <p>Jan / Feb 2019</p> <p>Feb / March 2019</p>		<p>Reduction of the administration workload on GPs enabling time to be realised for clinical care</p> <p>Secretarial time released to address the increasing amount of patient related correspondence coming into the practice</p> <p>Upskilling members of the practice team</p> <p>Better use of technology</p>	<p>One of locums is helping with administration tasks, hospital letters and tasks</p> <p>The long-term locum will also undertake administration tasks, and tasks</p> <p>The practice has upskilled the nurse to file follow up bloods for rheumatology patients which has resulted in some capacity</p> <p>The GP is using technology to dictate most of her referrals</p>
Registrations from Loran House	Discuss with Loran House the implications for them on the practice list being closed	JB / CH	Dec 2018	Loran House aware that no new registrations during period of closure		Complete

3.1.3 Calvert / Newington – re-definition of the current practice boundary (Appendix 3 – application form)

On 17th April 2018, the PCCC were informed of the need to re-procure the Calvert / Newington practice due to CHCP giving notice on the contract.

On completion of a procurement exercise, on 26th October 2018, the PCCC supported the recommendation that the contract for the registered patients at the Calvert and Newington Practice be awarded to the preferred provider – Haxby Group (HBG Ltd). This contract will start on 1st April 2019.

During this mobilisation period, Haxby is applying to re-define the practice boundary since there are still currently two separate boundaries in place.

The proposal is that the current Calvert & Newington boundaries be withdrawn and replaced with one that is coterminous with Hull City Council (HCC) boundary (further detail within the application form). This brings the boundary into line with HCC and therefore is likely to meet future Primary Care Network (PCN) requirements.

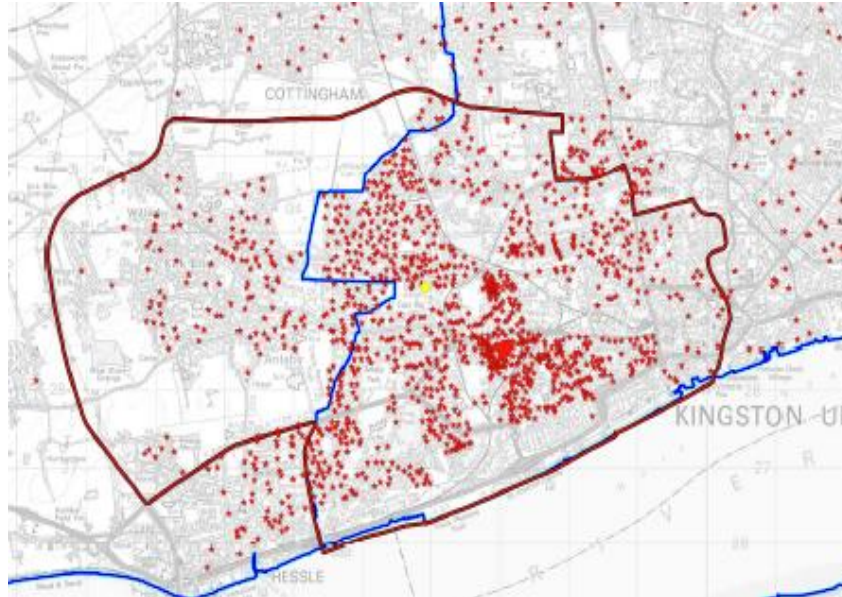
This will affect new registrations only who live within the boundary of HCC. Those who are currently registered with the practice and who live outside the boundary of HCC will not be removed unless they subsequently move outside the new boundary when they will be asked to look for a new GP.

The practice feels that if the application were not supported, situations may arise causing potential issues where different services are being offered by East Riding of Yorkshire Council and HCC. Similarly, it leaves HCC patients at a disadvantage as it would be difficult to offer their extended range of services to Calvert and Newington from their existing surgeries.

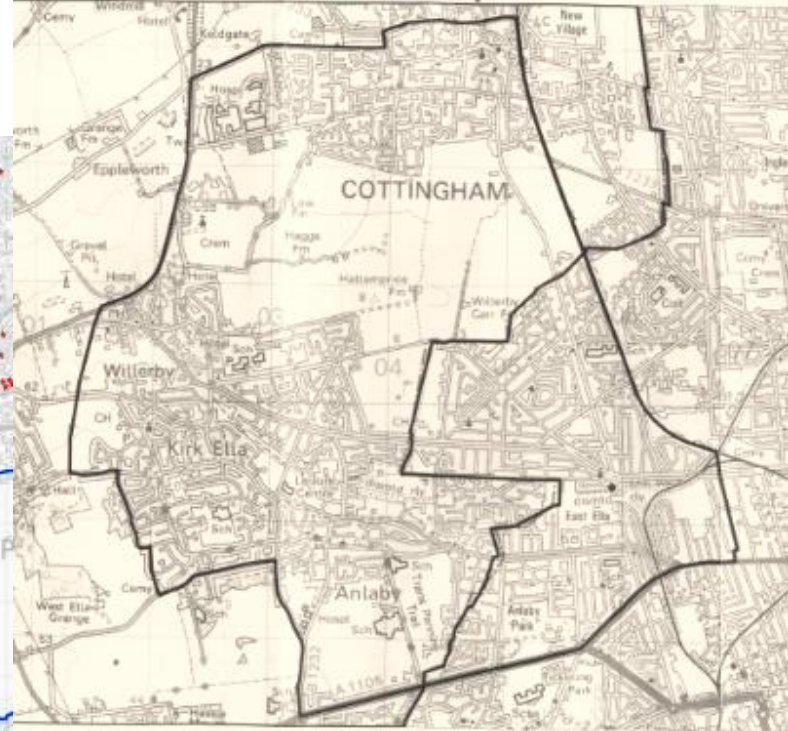
The maps below illustrate the two current and new proposed boundaries. Essentially the practice has matched the new boundary to the previous Priory Road catchment area and extended the current Calvert and Newington boundaries back into the City where it will border with their GMS practice (Burnbrae) boundary to the East and join the existing boundary for Kingswood and Orchard Park patients to the North.

At the time of writing this report, the application is out to consultation with the other practices. Any comments received will be presented verbally at the meeting.

Newington Current Boundary



Calvert Current Boundary



Proposed boundary



4. NHS ENGLAND UPDATE
4.1 PMS Letter Update (Appendix 4)

In October 2018, the committee were presented with a proposal that aligns the price per patient of the GMS and PMS contracts as mandated by NHS England by 2020/21.

Nationally the expectation was that following the PMS reviews the price per patient would be the same for both GMS and PMS practices by 2020/21. It is now apparent that this is unlikely due to a variation in predicted reinvestment levels and that PMS practices will be earning an estimated £1.81 more than GMS practices at that time. After 2020/21 the MPIG will no longer exist so all future uplifts across PMS and GMS will be the same. However, unless the two contracts weighted patient values are aligned the gap between the two contract types will remain, this will place an additional and unwarranted cost pressure on the CCG. For Hull this cost pressure is estimated at £152,801.83.

The committee were given 2 options for consideration:

1. Undertake a further “PMS premium” exercise post 2020/21 once the final position is known, with a pace of change over many years to erode the difference between PMS and GMS
2. Withhold or part pay the 2020/21 uplift for PMS practices so that they are immediately re-aligned with GMS practices

It was recommended that the committee supported Option 2 which they did in principle although there was still work to do.

Since the meeting in October, there have been further discussions with both the CCGs and LMC. A final letter was distributed to the PMS practices on 9th February 2019.

4.2 GMS Contract Update

There have been a number of documents released in relation to the future of the NHS and significant changes for primary care.

The NHS Long Term Plan

<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

Investment and Evolution: A 5year framework for GP contract reform to implement The NHS Long Term Plan

This is the full five-year framework for GP services as agreed between NHS England and the BMA General Practitioners Committee (GPC) in England

<https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>

RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee:

- (a) Approve the boundary change for Dr Cook;
- (b) Consider and make a decision on the list closure extension for Wolseley Medical Centre;
- (c) Approve the boundary change for Calvert / Newington and;
- (d) Note the NHS England updates.

The purpose of this paper is to provide information to the Primary Care Commissioning Committee on an application received from B81095 – Dr Cook to change their practice boundary and seek approval to authorise this.

In considering the application NHS England has followed the guidance from the Policy Booklet for Primary Medical Services (chapter 7, section 7.14 – boundary changes)

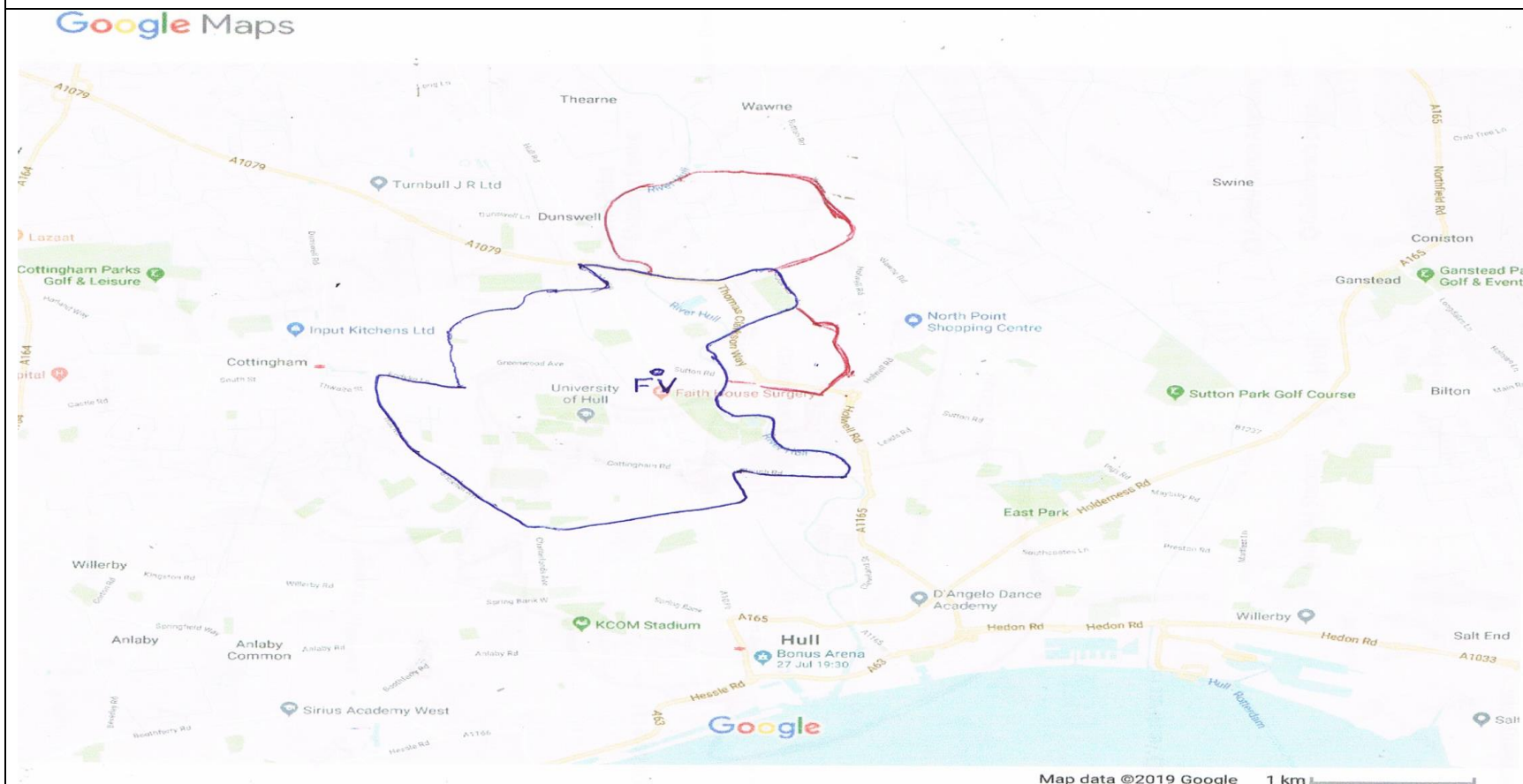
Background to the Application		
Main details from the application	To extend the practice boundary area. Due to a neighbouring practice proposed closure, we have been inundated with new patient registrations. We have decided to use this as an opportunity to extend our practice boundary, to register more patients in a view to increase our capitation. We have discussed this at our CGM and have a plan in place to look at employing a part time salaried GP if our capitation reaches a certain level.	
Practice address	Main Dr Cook 840 Beverley Road Hull HU6 7HP 01482 853270	Branch N/A
<u>WORKFORCE</u>		
Health Care Professional	Total Number employed	WTE
GPs	1	1
Locum GPs	2 (1 who works 2hrs per week who is due to retire at the end of March and another who works 6hrs per week)	
Pharmacists	0	0
Advanced Care Practitioners	0	0
Physicians Associates	0	0
Practice Nurses	1	1
Health Care Assistants	1	1
Other: (Please define)	Ad hoc phlebotomist	

Current Map / boundary is show in blue on the map to the right.

Proposed extension in boundary shown on the map to our right in red.

NHS England has looked at the change in the boundary & is assured that there are no gaps in service provision

PLEASE NOTE: FV marked on this map references Field View surgery who are making the application.



Comments

All GP practices in the Hull locality and the LMC have been consulted. Following on from the consultation no comments were received.

Additional Factors to be considered:

Practice List Movement

Please see table below detailing Dr Cook's practice list movement over the preceding 2year period.

	Quarter Period			
	List Size in Quarter	Movement in Quarter	Percentage shift in Quarter (%)	Percentage movement over the Last 12 Months (%)
30.09.16	3685	1	0.03	-1.52
31.12.16	3694	9	0.024	-0.46
31.03.17	3685	-9	-0.24	-0.38
30.06.17	3659	-26	-0.71	-0.68
30.09.17	3641	-18	-0.49	-1.19
31.12.17	3620	-21	-0.58	-2.00
31.03.18	3584	-36	-0.99	-2.74
30.06.18	3568	-16	-0.45	-2.49
30.09.18	3564	-4	-0.11	-2.11
31.12.18	3565	1	-0.03	-1.52

The list size as at 24th Jan 2019 was 3644 with 8 new registrations pending.

Nursing and Residential Homes

0 Nursing Homes were identified as being affected by this proposal as this affects new registrations only and the boundary is being expanded rather than reduced.

Have any discussions taken place with the practice prior to them applying to change the practice boundary?

A practice visit was undertaken on 24th January 2019 to discuss the rationale behind the boundary extension. In 2017, the practice applied to reduce their boundary as at that time it covered the whole of Hull. The reduction at that time was requested due to pressures that Care Home Visits were putting on the practice. It was more practical to reduce the practice boundary rather than close the practice list. Now there is the Modality Home Visiting Service in place and so the pressure of Care Home Visits has reduced and the capacity within the practice now is as it was before without the home visits.

There has been an influx of patients due to the potential closure of Faith House. Some of the patients wishing to register are out of the current practice boundary and so, to be able to take these patients, the boundary needs to increase.

The practice has been keeping a record of the number of registration enquiries which remains constant

The practice is working differently now as they have introduced a triage system. This has resulted in the nurses doing more of what the GP used to do and so the GP is seeing more complex patients.

The practice has another GP coming into the practice in March. It is hoped that they will come as a salaried GP rather than a locum.

Is there any other information that has been highlighted by the practice as relevant to the application?

The practice has no intention of de-registering current patients already registered with us who will be out of our new practice boundary. This boundary change will only affect new patients wishing to register with the practice. They will continue to accept patients within their current boundary and continue as normal, although this may affect Dr Cook's workload if they do not continue with their plan of employing a salaried GP.

Recommendation from NHS England

NHS England has no objections on the above changes to practice boundary

Any other recommendations / actions to be taken alongside the revised boundary?

The practice is looking to reconfigure the practice downstairs which will enable patients to be seen on the ground floor.

Action for the Primary Care Commissioning Committee:

The Primary Care Commissioning Committee is asked to note the report and make a decision based on the information in the report.

Appendix 2 - application form re list closure extension – Wolseley Medical Centre

Practice stamp:

Wolseley Medical Centre
Londesborough Street
Hull
HU3 1DS
Tel: 01482 335300

Practice B-Code: B81047

Please complete the following:

What options have you considered, rejected or implemented in an attempt to relieve the difficulties encountered during the closure period or which may be encountered when the closure period expires?

During the list closure period we have been successful in recruiting of a new GP starting in April. We have also employed extra locum cover to ensure regular GPs are not overwhelmed by workload (not financially sustainable long term). This includes sessions by another GP from our confederation. We have upskilled nursing staff to deal with some blood results and the FY2 to screen routine communications, both resulting in reduction of demand on the GPs time. We are continuing to upskill the admin team to perform non-clinical tasks on behalf of the GPs. Purchase of new patient check in screen which has additional questions which auto updates QOF info (eg smoking status) and contact detail changes into patient records so demand on receptionist time is reduced. We continue to use the confederation based paramedic service for home visits. Unfortunately, this service is undergoing staff changes reducing its capacity however we use, where appropriate, to remove the need for our own GPs to go on time consuming home visits.

How long do you wish your closure notice to be extended by? (This period must be for more than 3 months and less than 12 months).

3 months

Is there any reasonable support the Commissioner would be able to offer, which would enable your list of patients to re-open at the end of the current closure period?

We are grateful for the support we have received in closing our list and allowing the practice time to breathe and put robust measures in place for when the list re-opens. We feel with the extension this will allow us to consolidate and further embed the work we have done in the past 3 months, allow the new GP to embed within the practice and prepare ourselves for the list re-opening.

Do you have plans to alleviate the difficulties you are experiencing during your closure that could be implemented during the proposed extension period? These plans would ensure your list of patient's re-opens at the end of the extended period without such difficulties.

The difficulties that we are experiencing have been helped somewhat by the list closure. Whilst our list has only fallen by around 30 patients the closure has importantly prevented the list from growing and the associated volume of work (new patient checks, medication reviews etc) and impact on appointments created by new patients. We fear there will be a huge influx if the list is opened right now. However, we have recruited a new salaried GP who starts in April. We need the list to remain closed in the short term to allow us to get this GP fully inducted and up to speed with our SOPs so we can be ready if the list is opened after the extension

Do you have any other information for the Commissioner regarding this application?

We were delighted to hear of several patients who took the time to phone into the Radio Humberside debate on the David "Burnsy" Burns show regarding GP access. We received many glowing reports of how flexible we are in meeting the patient needs. However, this did result in an influx of enquiries regarding moving registration from their current surgery to us. Due to the list closure we were not able to register the patients but took their details onto a waiting list so we can contact them as soon as we get through this difficult period and our list is open again

Please note that this application does not place any obligation on the Commissioner to agree to this request

To be signed by all parties to the contract (where this is reasonably achievable):

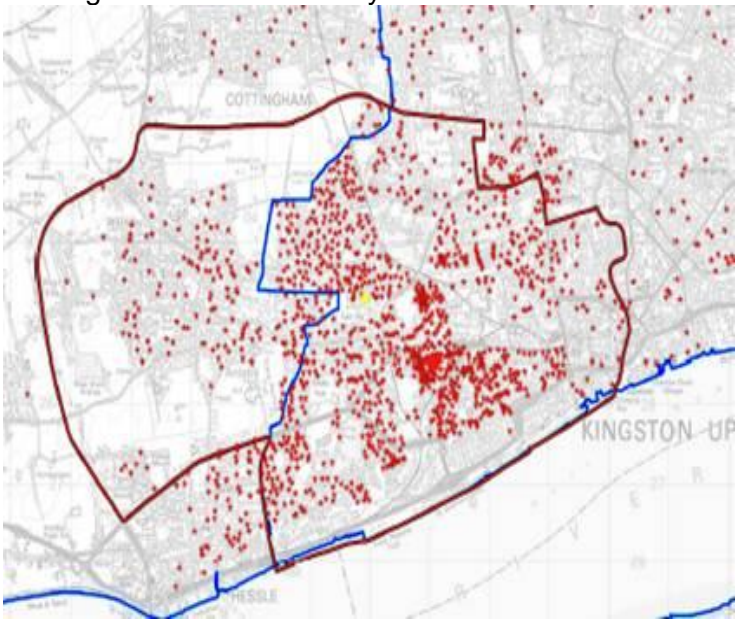
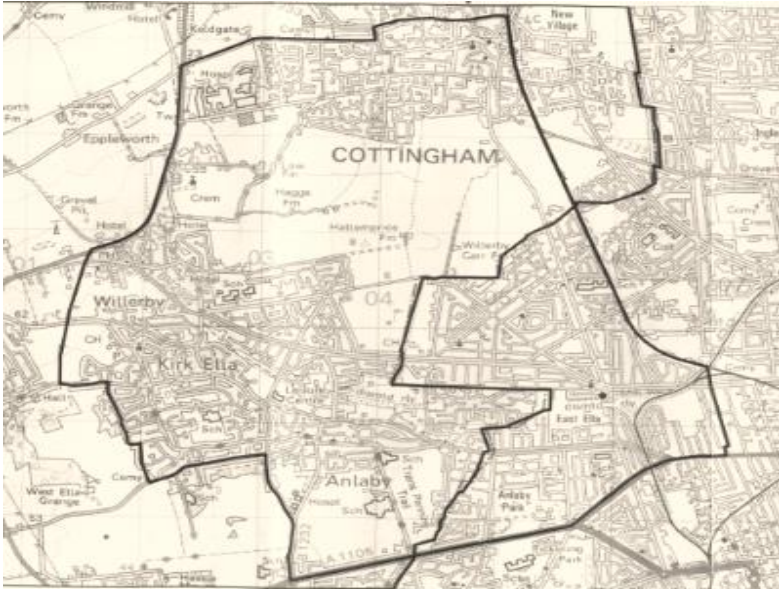
Signed: electronically signed by business manager. Document completed collaboratively with partners. Partners not available to sign

Print: J C Backhouse

Date: 13/2/2018

Appendix 3 – application form re proposed change - Calvert / Newington Practice Boundary

Name of practice:	Newington and Calvert Surgeries
Practice address:	Newington Medical Centre, Anlaby Rd, Hull HU3 6BX Calvert Surgery, 110A Calvert Ln, Hull HU4 6BH
Practice boundary which is proposed to be changed:	The boundary for both surgeries
Reason why the practice wishes to change the practice boundary area:	What we propose is to match the boundary to our old Priors road catchment area (which still lies within our extant APMS contract) and extend Calvert and Newington boundary back into the City where it will border with our GMS (Burnbrae) boundary to the East and match up with the existing boundary for Kingswood and Orchard Park patients to the North. This also brings the boundary into line with Hull CC and therefore meeting likely primary care network needs.
Number of current and forecast population served:	Current 11,800, with an estimate to rise to 13,000
Age range:	As per registered list
Gender distribution:	As per registered list
Number of patients affected by the proposed change:	As per registered list
Number of GPs in practice:	Currently the practice is supported by locums (5 WTE). We will be moving to partners and salaried team along with a range of healthcare professionals
Summary of overall services provided by practice:	With immediate effect the practice will provide all GMS services together with all enhanced services. As soon as possible these surgeries will be supported to become training practices.
Details of other surgeries where patients could register:	Other practices within the extant boundary
Availability of public transport to other surgeries – distance and approximate cost:	No known
Distance to nearest pharmacy from the surgery	There is a pharmacy next door to Newington and one only a few yards away from Calvert
Will the practice de-register patients on the basis of his or her address? (ie patients living outside the new boundary)	NO
If the practice does not de-register patients on the basis of his or her address, will close family of existing patients (ie parents and children who live with the registered patients) still be able to register with the practice?	All current patients will remain registered along with any new family members at that address. New patients will not be taken from outside the boundary and any currently registered patients who move outside the new boundary will be asked to look for a new GP.
Has the practice consulted with patients who will be affected – if so, please attach copies of any responses:	This is not possible as we will not have access to this information until 01.04.19.

<p>Are any nursing or residential homes affected by this change – if so, which ones:</p>	<p>With no access to the practice list it is difficult to answer this question.</p>
<p>Impact on the practice should the boundary change not be supported by the Area Team:</p>	<p>This will cause potential issues where different services are being offered by East Riding and Hull. Similarly, it leaves Hull City patients at a disadvantage. It will be difficult to offer our extended range of services to Calvert and Newington from our existing surgeries.</p>
<p>Any other relevant information:</p>	
<p>Map attached showing existing practice boundary:</p>	<p>Please see below</p> <p>Newington Current Boundary</p>  <p>Calvert Existing Boundary</p> 

Map attached showing proposed practice boundary:

Yes



Signed: Karen Phillips

Name:

Designation: General Manager

Date: 12.02.2019

Application received by NHS England on: 12.2.2019

Appendix 4 - PMS Differential Letter

North (Yorkshire & The Humber)
Ground Floor
Health House
Willerby
HU10 6DT

7th February 2019

Dear Colleague

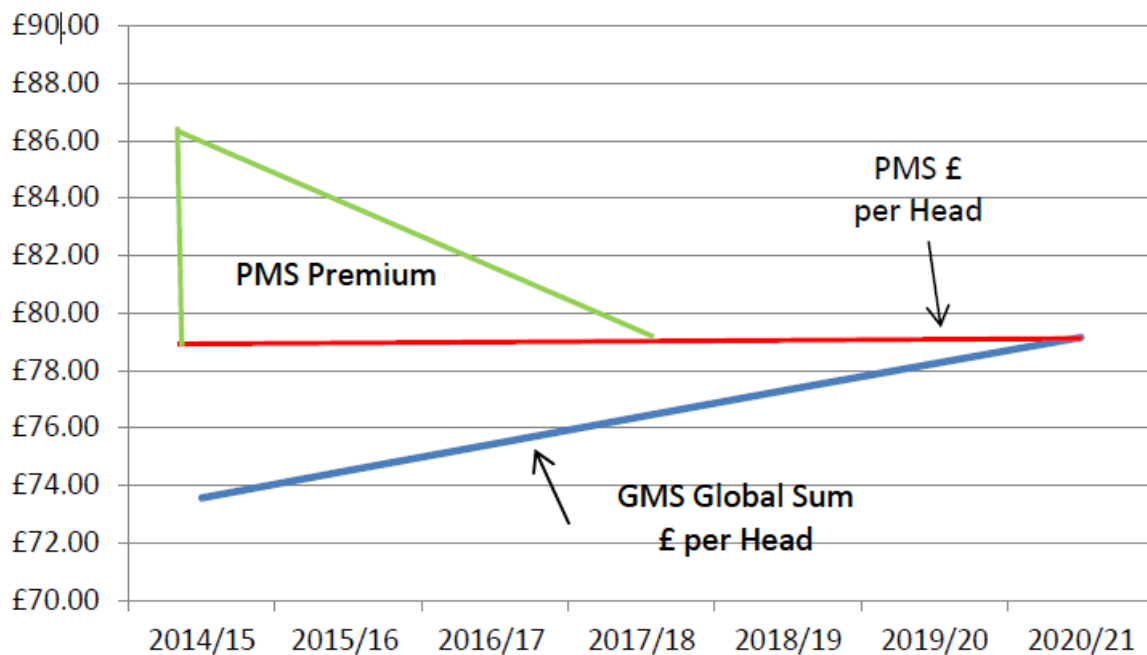
Equitable funding between GMS and PMS contracts

You may re-call that back in 2014 NHS England undertook a review of PMS contracts to determine the level of premium that was being paid when compared to GMS contracts. The approach that we took was aligned to the national guidance – Framework for PMS Contracts Review 2014 and based on our best estimations of growth on GMS contract funding. This approach was agreed locally with both LMCs and the CCGs, with the intention mitigating the immediate financial impact on the practices; managing the transition over time, rather than move practices straight to the GMS rate at the time and thereby increasing the practice PMS premiums that would be removed. Our assumptions at the time were predicated on differential increases being applied to GMS and PMS uplifts nationally. However, as the level of the differentials applied to GMS payments have not been as high as we had been led to believe, it has been identified that, at current rates, GMS and PMS £ per patient are unlikely to be equitable as required by 31st March 2020.

We have been in discussions with both the local LMCs and the CCGs to make them aware of this issue and have started discussions with them around how we handle the matter. The purpose of this letter is to apprise you of the situation and set out our proposals to deliver parity from 1st April 2020.

The national requirements for the review was to extract the PMS Premium from contract payments and align PMS with GMS payments (£ per head for core services). Our local interpretation was to implement this through the *pace of change* arrangements with the PMS premium being removed by 31st March 2018 and for parity with GMS to be achieved from 1st April 2020. Our calculations were based on a predicted amount of £79.15 per head as a baseline.

To help illustrate this, I have included the original graph which was used within the review meetings to inform discussion.



NHS England - Yorkshire and Humber Finance team has recently completed a review of payments and are able to confirm that at the current rate, GMS will not achieve parity with PMS as planned. This was due largely to the impact of the application of the national contract uplifts to the PMS contracts as mandated by the national team.

Therefore, we will therefore need to act to ensure parity with the GMS contract payments from 1st April 2020. It is proposed that this will be managed through the issue of a formal contract variation (CV) to take effect from 1st April 2020. To help practices to plan and prepare for this, we will also be preparing a financial statement for the practice. The statement will schedule the estimated financial position for your practice. The CV and the statement will be finalised and sent out to you once the national contract agreement negotiations have been finalised and the financial settlement for 2019/20 is confirmed and received. This should help ensure that this statement is as accurate as possible albeit the 2020/21 uplift will still be estimated. A final statement will be issued as close as possible to April 2020 when the 2020/21 uplift is known and the financial gap can be calculated accurately.

I can confirm that in line with the earlier guidance issued under the Framework for PMS Contract Reviews, there is a clear understanding with both LMCs and CCGs, that the funding released from this review will be retained and reinvested in GP primary medical care services.

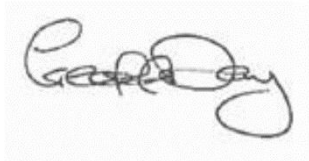
We recognise that this is not going to be welcome news to any practices and can ensure you that my team together with the CCG's will be happy to work with you to understand the impact this will have on the practice.

Given that the majority of CCG's now have delegated responsibility for the commissioning of primary care it will be for the individual committees to decide on how they manage the process. However, it will not be possible for any CCG to continue to pay a differential rate to PMS practices from 1st April 2020.

I will be writing out to you again in the next few weeks to confirm the arrangements and the issue of the CV.

In the meantime, please do not hesitate to contact Chris Clarke: chris.clarke3@nhs.net or David Moore: david.moore7@nhs.net if you need further clarification.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Geoff Day', enclosed in a light grey rectangular box.

Geoff Day

Head of Co-Commissioning
NHS England – North (Yorkshire & Humber)