Appendix 1

Personal Medical Services - GP contract review update
Health and Adult Services Select Committee
3 May 2017

Sarah See, Director of Primary Care Transformation

Barkingdagenhamccg.nhs.uk
@BD_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.
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.
Key principles: PMS review

• This review will make the system fairer by paying every practice in a borough the same basic amount per patient
• There will be no reduction in the 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, so we are 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.
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.
Governance overview

Barking and Dagenham HWB
Havering HWB
Redbridge HWB

Barking and Dagenham CCG Governing Body
Havering CCG Governing Body
Redbridge CCG Governing Body

Primary Care Commissioning Committee (CiC)

PMS Review Working Group

Primary Care Transformation Programme Board

Integrated Care Partnership Board

NHS England
BHR Audit & Governance Committee

Barking and Dagenham Clinical Commissioning Group
## Local context in BHR - reminder

<table>
<thead>
<tr>
<th>CCG</th>
<th>Number PMS practices</th>
<th>Total premium value</th>
<th>Ranking of premium value in London</th>
<th>Min/Max premium (£pwp)</th>
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</thead>
<tbody>
<tr>
<td>Barking and Dagenham</td>
<td>11/38</td>
<td>£2.4m</td>
<td>2nd highest premium</td>
<td>£9.50 / £58.13</td>
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<tr>
<td>Havering</td>
<td>12/44</td>
<td>£1.03m</td>
<td>3rd lowest premium</td>
<td>£10.17 / £11.51</td>
</tr>
<tr>
<td>Redbridge</td>
<td>13/45</td>
<td>£1.02m</td>
<td>8th lowest premium</td>
<td>-£2.16 / £27.77</td>
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</table>
Financial affordability: reminder of 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.
Financial 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.
# Draft implementation plan

## Transition checkpoints and governance

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<tbody>
<tr>
<td>Programme</td>
<td>Review existing work</td>
<td>Reestablish PMS working group</td>
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<td>Overall</td>
<td>NHSE submission</td>
<td>PCC</td>
<td>GB Meetings</td>
<td>GB Meetings</td>
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<td>GB Meetings</td>
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## Programme Overall

- **Review existing work**
- **Reestablish PMS working group**
- **Comms and engagement support**
- **Finance support**
- **Engage LMCs**
- **Practice engagement**

## Barking and Dagenham

- **Refresh model**
- **Model scenarios & impact**
- **Socialise – GBs, OSC, HWBs, STP, patient forums**
- **Define & Agree offer**
- **NI-SE due-diligence**
- **Draft specifications**
- **CCG Sign-off**
- **Draft contracts**
- **Offer letter to practices**
- **Final offer letter**
- **Contracts issued**
- **Contracts signed**
- **Contracts ‘go live’**
## CQC inspections update

<table>
<thead>
<tr>
<th>CCG</th>
<th>Total number of practices</th>
<th>Number of visits taken place with published reports</th>
<th>% of visits taken place with published reports</th>
<th>No. rated 'Inadequate' (special measures)</th>
<th>% rated 'inadequate'</th>
<th>Number rated 'requires Improvement'</th>
<th>% rated 'requires Improvement'</th>
<th>Number rated 'Good'</th>
<th>% rated 'Good'</th>
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<tbody>
<tr>
<td>B&amp;D</td>
<td>38</td>
<td>30</td>
<td>78.95%</td>
<td>3</td>
<td>10.00%</td>
<td>7</td>
<td>23.33%</td>
<td>20</td>
<td>66.67%</td>
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<tr>
<td>Havering</td>
<td>44</td>
<td>35</td>
<td>79.55%</td>
<td>1</td>
<td>2.86%</td>
<td>14</td>
<td>40.00%</td>
<td>20</td>
<td>57.14%</td>
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<tr>
<td>Redbridge</td>
<td>45</td>
<td>28</td>
<td>62.22%</td>
<td>2</td>
<td>7.14%</td>
<td>9</td>
<td>32.14%</td>
<td>17</td>
<td>60.71%</td>
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<tr>
<td>Total</td>
<td>127</td>
<td>93</td>
<td>73.23%</td>
<td>6</td>
<td>6.45%</td>
<td>30</td>
<td>32.26%</td>
<td>57</td>
<td>61.29%</td>
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- 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 B&D practices that have been rated ‘requires improvement’ will be offered opportunity to voluntary participate in the programme.
GP networks

- Local practices have been working together to set up GP networks

- Three networks established and meeting monthly. These are:
  - North (Chadwell Heath)
  - East (Dagenham)
  - West (Barking – Thames)

- Network council being established, and network leads are to take part in leadership development programme commissioned from UCLP

- Diabetes will be a key network priority, with social prescribing also suggested as a focus.