

## East Lancashire Clinical Commissioning Group

Agenda Item No: 7.3

<b>REPORT TO:</b>	Primary Care Committee	
<b>MEETING DATE:</b>	21 September 2015	
<b>REPORT TITLE:</b>	PMS Review Report	
<b>SUMMARY OF REPORT:</b>	This reports provides an update position with regard to PMS Contract Reviews in east Lancashire and asks the committee to consider next steps.	
<b>REPORT RECOMMENDATIONS:</b>	To note progress to date.	
<b>FINANCIAL IMPLICATIONS:</b>	Yes – reduction in PMS Premium will impact on individual PMS practices. Reinvestment of PMS premium to be considered	
<b>REPORT CATEGORY:</b>	Formally Receipt	<b>Tick</b>
	Action the recommendations outlined in the report.	√
	Debate the content of the report	√
	Receive the report for information	
<b>AUTHOR:</b>	Lisa Cunliffe, Primary Care Development Manager	
	Report supported & approved by your Senior Lead	Y
<b>PRESENTED BY:</b>	Lisa Cunliffe, Primary Care Development Manager	
<b>OTHER COMMITTEES/ GROUPS CONSULTED:</b>	Please state if this paper has been presented at any other committees and any decisions / recommendations made.	
<b>EQUALITY ANALYSIS (EA) :</b>	Has an EA been completed in respect of this report? Pre-PEAR EA checklist to be completed	Y
<b>RISKS:</b>	On Corporate Risk Register	Y
<b>CONFLICT OF INTEREST:</b>	Is there a conflict of interest associated with this report?	Y
<b>PUBLIC ENGAGEMENT:</b>	Has there been any public engagement associated with this report? This will need to be considered as part of ongoing developments	N
<b>PRIVACY STATUS OF THE REPORT:</b>	Can the document be shared?	N
<b>Which Strategic Objective does the report relate to</b>		<b>Tick</b>
1	Commission the right services for patients to be seen at the right time, in the right place, by the right professional.	√
2	Optimise appropriate use of resources and remove inefficiencies.	√
3	Improve access, quality and choice of service provision within Primary Care	√
4	Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways	√

**NHS EL CCG Primary Care Committee  
21 September 2015**

**PMS Review Update Report**

**1. Introduction**

- 1.1. This report provides an update on progress in relation to the recently completed PMS Contract Review Visits in East Lancashire and asks the committee to consider the next steps.

**2. Background**

- 2.1. NHSE is moving towards a position where all GP practices, whether GMS, PMS or APMS contracted, can expect to receive the same core funding for providing core services expected of all GP practices.
- 2.2. The CCG is responsible for ensuring that any additional investment in general practice over and above core service is clearly linked to enhanced quality or services or the specific needs of the population and that all GP practices have equal opportunity to earn premium funding if they are capable of meeting the required standards.
- 2.3. To this end during April, May and June the CCG and NHSE colleagues visited 9 out of 11 PMS Practices in East Lancashire, the remaining two practices preferring to complete a template rather than take part in a review visit.
- 2.4. Summary of findings from PMS Review visits reported to the Primary Care Committee on 15 June 2015:
- 2.4.1. Concerns over viability if funding is withdrawn from core contracts without adequate provision for reinvestment
- 2.4.2. Funding withdrawal, without adequate provision for reinvestment will have a significant impact on the primary care workforce.
- 2.4.3. Low morale, reduced job satisfaction and increased stress levels are likely to begin impacting upon the health of the workforce.
- 2.4.4. Provision of enhanced services not currently resourced through other sources including:
- 2.4.4.1. Services to registered patients currently residing in a Homeless Shelter
- 2.4.4.2. Services to registered patients currently residing in a Women's Refuge
- 2.4.4.3. Services to registered patients from Gypsy, Roma, Traveller communities

- 2.4.4.4. Enhanced sexual health and family planning services
- 2.4.4.5. Enhanced Primary Care Mental Health services
- 2.4.4.6. Enhanced Diabetes and pre-diabetes management
- 2.4.4.7. Services to a rural population

**2.4.5. Enhanced levels of Quality including:**

- 2.4.5.1. Prescribing
- 2.4.5.2. Continuity of Care
- 2.4.5.3. Improved access
- 2.4.5.4. More appropriate use of wider health care services
- 2.4.5.5. RCGP Quality Practice Award
- 2.4.5.6. Gold standard investors in people
- 2.4.5.7. Data quality
- 2.4.5.8. Care Navigation
- 2.4.5.9. Innovation
- 2.4.5.10. Patient Satisfaction
- 2.4.5.11. Complaint handling
- 2.4.5.12. Appropriate management of Significant events

**2.4.6. Training provision for the primary care workforce.**

**2.4.7. Services to special populations including:**

- 2.4.7.1. Highly deprived, ethnically diverse and culturally isolated populations.
- 2.4.7.2. Children and young adults with congenital abnormalities often due to co-sanguineous marriages.

**2.4.8. Active roles within and that support the wider health economy**

**2.5.** The previous report concluded that further work was required by the CCG to review in more detail any additional or enhanced services PMS Practices are providing and where necessary make arrangements for the continued commissioning of these services through reinvestment of the PMS premium which will be withdrawn from the core contract from 1 April 2016

### **3. Update**

**3.1. Enhanced Services:**

**3.1.1.** The CCG has held further meetings with the PMS practice providing services to a homeless shelter to develop a deeper understanding of what is provided. The GP works closely with the shelter manager, offering registration and an initial assessment of health and well-being needs for new residents. It appears that some of the residents at the shelter have become increasingly dependent on the practice preferring to see the GP and/or access services at the practice rather than be referred to or having to travel to other commissioned services which would better suit their needs. This has resulted in the GP himself providing services which the CCG already commissions, possibly more appropriately, from other service providers including drug and alcohol and mental health services. A further meeting between these service providers, the shelter and the GP practice to discuss co-ordination of services for this vulnerable population is to be scheduled. In addition the CCG are considering options in relation to developing an Enhanced service for the delivery of services to a Homeless population.

**3.1.2.** The CCG already commissions an Enhanced Service for the provision of General Medical Services to patients residing temporarily in a Women's Refuge

**3.1.3.** With regard to other possible Enhanced Primary Care Services the CCG are working with the PMS Practices to develop a deeper understanding of the services they offer, whether this is over and above core contract, whether this is a genuine gap or if it is commissioned from other service providers and whether this is something the CCG wishes to commission from primary care in the future.

### **3.2. Enhanced Quality**

**3.2.1.** The CCG plan to introduce a single framework over and above core GMS from 1 April 2016 incorporating a set of standards that consolidate a number of existing schemes in addition to new/enhanced standards for primary care.

**3.2.2.** Anticipated benefits include:

**3.2.2.1.** A single framework across general practice

**3.2.2.2.** A reduction in unwarranted variation across General Practice

**3.2.2.3.** Improved health outcomes

**3.2.2.4.** Reduction in the administrative burden for both GP practices and the CCG

**3.2.2.5.** Improved resource utilisation

**3.2.2.6.** An increase in equitable investment in General Practice

### **3.3. Training**

**3.3.1.** The CCG, through the Post Graduate Education Development Manager, is working with HENW to explore in more detail what is required, if anything, over and above what is currently available to support and maintain the development of GP practices as learning environments that support the development of the wider primary care workforce with a view to developing a proposal for consideration by the Primary Care Committee

### **3.4. Service to Special Populations**

**3.4.1.** The CCG finance team are working towards the development of an alternative to the existing payment weightings which will more appropriately take account of the increased workload generated by deprived populations. These populations tend to have a high burden of disease in a much younger population that is not adequately reflected in the current payment weightings. Once agreed the intention will be to use these alternative weightings to fund the Quality Framework

## **4. PMS Panel**

**4.1.** Greater Preston, Chorley and South Ribble CCG have established a PMS review Panel. Information relating to services over and above the core contract that have identified by practices are to be considered by the Panel.

**4.2.** The panel will assess the services provided over and above the core service and evaluate them against the following criteria:

**4.2.1.** What added value are these services providing

**4.2.2.** Are these services which patients are being referred to and if not provided at the practice would be referred to another service

**4.2.3.** Does the service align with the objectives of the CCG (this should align to reducing activity in the acute sector)

**4.2.4.** Does the practice have a defined specialist population and provide additional services to this population

**4.3.** This panel will produce a report summarising the outcome from these reviews with recommendations for consideration and decision by the Primary Care Committee with a view to any new enhanced services being commissioned from 1 April 2016 in line with the PMS Premium withdrawal.

**4.4.** NHSE have asked other CCG to consider whether a PMS Review Panel will be of benefit.

## **5. Conclusion**

**5.1.** From 1 April 2016 PMS Premium will begin to be withdrawn from core PMS contracts over a five year period ending 31 March 2021 in line with GMS and the national direction for equalisation of core GP funding.

**5.2.** The CCG will look to reinvest the PMS Premium resource equitably across General Practice from 1 April 2016 mainly through the Quality Framework in addition to appropriately identified and commissioned Primary Care Enhanced Services

## **6. Recommendations**

**6.1.** The Primary Care Committee are asked to note the progress made to date in relation to PMS Contract Reviews.

**6.2.** Consider whether establishing a PMS Review Panel would be of benefit particularly in relation to the assessment and possible development of new Enhanced Services

**Lisa Cunliffe**  
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