By: Peter Sass, Head of Democratic Services

To: Health Overview and Scrutiny Committee, 5 September 2014

Subject: NHS England: General Practice and the development of services

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Summary: This report invites the Health Overview and Scrutiny Committee to consider the information provided by the NHS England Kent and Medway Area Team.

It provides additional background information which may prove useful to Members.

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1. Introduction

(a) Primary medical services in England are provided by GPs under contracts with NHS England (before April 2013 the contracts were with primary care trusts (PCTs), which have now been abolished). The mechanism by which funding is allocated to GP practices is complicated, and there are a number of different contracting methods. In addition about a quarter of GPs in England (around 9,000 of the nearly 36,000 GPs in England) are salaried direct employees of NHS organisations (House of Commons Library 2014).

(b) The majority of GP services are contracted using the nationally negotiated core GP contract: the General Medical Services (GMS) contract. There are also locally negotiated contracts, including the Personal Medical Services (PMS) and Alternative Provider Medical Service (APMS) contracts. PMS is designed to allow GPs to offer a wider range of services responding to local need. APMS contracts allow the commissioning of additional primary care services from the independent sector (House of Commons Library 2014).

(c) Additional services can also be commissioned through locally negotiated contracts either by NHS England or local Clinical Commissioning Groups (CCGs). NHS England can commission enhanced services including out-of-hours care. CCGs can commission other services—such as minor surgery—from general practices in their area, directly or on behalf of other local providers. The Quality Outcomes Framework (QOF) provides additional funding based on the quality of patient care (House of Commons Library 2014).

2. General Medical Services contract

(a) Under the General Medical Services (GMS) contract, introduced in 2004, practices get an amount, known as the global sum, allocated according to a needs-based formula (taking into account levels of deprivation, age and health status of patients) adjusted for geographic differences in cost (House of Commons Library 2014).

(b) Practices also receive a Minimum Practice Income Guarantee (MPIG) that ensures the global sum is no lower than it would have been under the previous contract. As part of the GP contract settlement in 2013, the Department of Health decided to phase out MPIG top-up payments over a seven-year period, starting in the financial year 2014/15. This is intended to distribute resources more equitably between practices (House of Commons Library 2014).

(c) The GMS contract is negotiated between the British Medical Association (BMA) General Practitioners Committee and NHS Employers, on behalf of the Government. GMS contracts were held by 55% of practices in 2012 (The King’s Fund 2014).

3. Personal Medical Services contract

(a) Personal Medical Services (PMS) contracts are a locally-agreed alternative to the General Medical Service (GMS) contract. Introduced under the National Health Service (Primary Care) Act 1997, it is only in recent years that the number of practices choosing PMS has grown rapidly; over 40% of all GP practices in 2012 had PMS contracts (The King’s Fund 2014).

(b) Unlike GMS contracts, they are negotiated between NHS England (PCTs before April 2013) and the practice. They are not subject to direct national negotiations between the Department of Health and the General Practitioners Committee of the BMA (House of Commons Library 2014).

(c) NHS England initiated a national review of PMS contracts in June 2013 in response to concerns some practices were paid significantly more than others for similar work. NHS England has asked NHS Employers to manage a project to collect data from NHS England Area Teams on all PMS contracts in England. This information will enable NHS England to work with Area Teams to consider how far PMS expenditure (in so far as it exceeds the equivalent expenditure on GMS services) is effectively paying for ‘core’ primary care services (House of Commons Library 2014).

4. Alternative Provider Medical Services contract

(a) Under Alternative Provider Medical Services (APMS) contracts, NHS England are able to locally negotiate contracts for primary medical services with commercial providers, voluntary sector providers, mutual sector providers, social enterprises, public service bodies, GMS and PMS practices (through a separate APMS contract) and NHS Trusts and NHS Foundation Trusts. 2.2% of GP practices in 2012 had APMS contracts. (Department of Health 2010; The King’s Fund 2014).

(b) APMS can be used to provide essential services, additional services where GMS/PMS practices opt out, enhanced services, out-of-hours

services or any one element or combination of these services (Department of Health 2010).

5. Prime Minister's Challenge Fund

(a) In October 2013, the Prime Minister announced the £50 million Challenge Fund to improve access to general practice and test innovative ways of delivering GP services. NHS England invited GP practices to submit their 'expressions of interest' to be one of the pilots (NHS England 2014a).

(b) Invicta Health, a community interest company, owned by more than 40 GP practices in East Kent was selected as a pilot and awarded £1,894,267. The pilot brings together 13 practices, in Dover and Folkestone, and will offer extended and more flexible access to services for 94,940 patients, backed by enhanced community care and specialist services for people with mental health needs.

(c) The pilot will enable patients to book appointments at any of the 13 practices from 8am to 8pm, seven days a week. Outside of core practice hours (8am-6.30pm) patients can access urgent home visits and if required, short-term residential facilities in the community, to avoid hospital admissions. For patients with urgent mental health needs, this pilot is also introducing a new rapid assessment service delivered by a primary care mental health specialist, either at a patient's home or at their GP (NHS England 2014b; NHS England South 2014).

6. Primary Care Co-Commissioning

(a) On 1 May 2014 Simon Stevens, Chief Executive of NHS England, announced a new option for local Clinical Commissioning Groups (CCGs) to co-commission primary care in partnership with NHS England (NHS England 2014c).

(b) CCGs were asked to submit their expressions of interest (EOI) to NHS England by 20 June 2014, indicating the form that the CCG would like co-commissioning to take and how they would like it to evolve. 183 of the 211 CCGs submitted an EOI. 49 out of the 50 CCGs in the South Region submitted an EOI.

(c) Three categories of interest emerged:
- Category A: greater CCG involvement in influencing commissioning decisions made by NHS England area teams;
- Category B: joint commissioning arrangements; and,
- Category C: delegated commissioning arrangements.

(d) On receipt of the EOIs, Local Area Teams undertook a desktop exercise to assess the state of readiness of each CCG's proposal.

(e) A different approval and governance process is required for each of the three categories of interest in primary care co-commissioning. Details of the governance framework, the criteria and process for approving delegated budgets and commissioning responsibilities will be brought to the September NHS England Board Meeting for approval (NHS England 2014c).

7. Special Measures for GP Practices

(a) On Thursday 14 August the Care Quality Commission (CQC) announced plans to introduce special measures for GP practices from October 2014. This will coincide with the introduction of ratings for GP practices. Practices will be rated on the five key questions (safe, effective, caring, responsive and well-led) and six population groups (older people, long term conditions, mothers babies and children, working age, people living in vulnerable circumstances including people with a learning disability and people experiencing poor mental health, including dementia) (CQC 2014a; CQC 2014b).

(b) Under the proposals, GP practices rated as inadequate for one or more of the five key questions or six population groups will be given six months to improve. Practices that fail to make improvements will be put into special measures, after which they will be given a further six months to meet the required standards. At the end of their period in special measures, if the CQC still judge them to be inadequate, their CQC registration will be cancelled and their contract with NHS England will be terminated. In some cases, when poor care is putting patients at risk or that a practice is not capable of improving on its own, the CQC will put the practice straight into special measures (CQC 2014a; CQC 2014b).

(c) The CQC is working closely with NHS England to pilot special measures, in close consultation with the General Medical Council and the Royal College of GPs as the new approach is developed. NHS England is starting work with the Royal College of General Practitioners to develop a pilot programme of intensive peer support to practices that are placed in special measures (CQC 2014a; CQC 2014b).

(d) The proposals bring GP practices into line with the other sectors regulated by the CQC. Special measures for acute hospitals were adopted last year following the Keogh Review which identified significant problems relating to quality, safety and leadership in 14 Trusts. The CQC has also announced the special measures regime will be introduced across the adult social care sector from April 2015 (CQC 2014a; CQC 2014b).

8. Recommendation

RECOMMENDED that the report be noted and that NHS England (Kent and Medway Area Team) take note of the comments made by Members during the meeting and that they be invited to attend a meeting of the Committee in six months.

Background Documents

CQC (2014a) *'Special measures to target failing GP practices (13/08/2014)'*, http://www.cqc.org.uk/content/special-measures-target-failing-gp-practices

CQC (2014b) *'CQC's proposals for special measures for GP practices (14/08/2014)'*, http://www.cqc.org.uk/content/cqcs-proposals-special-measures-gp-practices

Department of Health (2010) '*Alternative Providers of Medical Services (APMS) (05/03/2010)'*, http://www.dh.gov.uk/en/Healthcare/Primarycare/Primarycarecontracting/APMS/index.htm

House of Commons Library (2014) '*General Practice in England (06/06/2014)*', http://www.parliament.uk/briefing-papers/SN06906/general-practice-in-england

NHS England (2014a) '*Prime Minister's Challenge Fund (14/04/2014)',* http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/

NHS England (2014b) '*About the PM Challenge Fund Pilots (14/04/2014)*', http://www.england.nhs.uk/ourwork/qual-clin-lead/calltoaction/pm-ext-access/pm-about/

NHS England (2014c) '*Item 7 - Primary Care Co-Commissioning, NHS England Board Paper (03/07/2014)*', http://www.england.nhs.uk/wp-content/uploads/2014/06/item7-board-0714.pdf

NHS England South (2014) '*Folkestone and Dover GPs awarded £1.89 million to improve access for patients (16/04/2014)',* http://www.england.nhs.uk/south/2014/04/16/dover-pmfund/

The King's Fund (2014) '*Commissioning and funding general practice: Making the case for family care networks (19/02/2014)*', http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/commissioning-and-funding-general-practice-kingsfund-feb14.pdf

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