

# Primary Care Contracts

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# Summary

- Types of GP Contract
- Practice Payments
- Delegated Commissioning
- Recent and current commissioning changes

# General Medical Services Contract (GMS)

- Introduced 2004 practices get an amount known as Global Sum (£87.92 per capita in 2018/19), allocated according to a needs-based formula adjusted for geographic differences in cost. “Carr-Hill formula”. There are 11 GMS contracts across BNSSG
- Distributes global sum payments to practices according to the weighted needs of patients to reflect practice workload and the relative costs of service delivery.
- Most practices also receive a Minimum Practice Income Guarantee (MPIG) that ensures this global sum is no lower than it would have been under the previous contract – this is being phased out over a seven year period, starting in the financial year 2014/15.

# Personal Medical Services Contract (PMS)

- Personal Medical Services (PMS) contracts are a locally-agreed alternative to the General Medical Service (GMS) contract – 67 PMS contracts across BNSSG.
- 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.
- It is now generally recognised that there is no difference between the requirements of GMS and PMS contracts.

# Alternative Provider Medical Services (APMS)

- APMS contracts allow the commissioning of additional primary care services from the independent sector. These are time-limited contracts rather than open ended as with GMS/PMS.
- There are 8 APMS contracts across BNSSG

# NHS Standard Contract

- Used to contract for NHS Funded healthcare services by CCGs and NHS England which sit outside of core primary care contracts (GMS/PMS/APMS)

Examples include;- Locally Enhanced Services (LES), Initiative to improve uptake of MMR vaccine and any community-based services provided by GP's

# Practice Payments

# The Quality Outcomes Framework (QOF)

- The Quality Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries, which was introduced as part of the 2004 GP contract. Put simply, it provides additional funding to GP practices which meet a set of criteria for good practice and, in particular, is intended to improve the diagnosis and management of some of the most prevalent chronic diseases.
- Changes are made to QOF on an annual basis through national negotiations
- There are 559 points available
- QOF is paid 70% upfront by monthly payments with up to 30% on achievement at end of the year.

# Premises Reimbursements

- GP contractors are eligible for rental reimbursements. The type of reimbursement applicable depends on who owns the building. For instance:
- Where the GP owns the building, this is known as 'notional rent'
- Where the GP are paying off a mortgage, this is known as 'borrowing cost reimbursements' (historically known as 'cost rent')
- Where there GP is tenants in a building owned by an NHS landlord or a private owner, they receive leasehold cost reimbursements
- Reimbursements are also made for Water and Sewerage costs and clinical waste is paid through a contract on behalf of the practices

## Other payments (Locums, Seniority etc.)

- Seniority factor payments - Payments are calculated based on a GP's years' of reckonable service in the NHS to reward GP's experience.
- It has been agreed that seniority payments will cease on 31 March 2020. In the meantime, those in receipt of payments on 31 March 2014 will continue to receive payments. There will be no new entrants to the scheme from 1 April 2014.
- Locum payments – claimed for Maternity, Sickness, Study leave etc.

# Delegation

# Delegated Functions

- a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts
- b) the approval of practice mergers;
- c) planning primary medical care services in the Area, including carrying out needs assessments;
- d) undertaking reviews of primary medical care services in the Area;
- e) decisions in relation to the management of poorly performing GP practices
- f) management of the Delegated Funds in the Area;
- g) Premises Costs Directions functions;
- h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.

# Reserved Functions

- a) management of the national performers list;
- b) management of the revalidation and appraisal process;
- c) administration of payments in circumstances where a performer is suspended and related performers list management activities;
- d) Capital Expenditure functions;
- e) section 7A functions under the NHS Act;
- f) functions in relation to complaints management;
- g) decisions in relation to the Prime Minister's Challenge Fund; and

# Enhanced Services

- Enhanced services are provided optionally by practices to cover services not regarded as 'essential' under the contract. The two main kinds of enhanced or extended contracts are 'Enhanced Services' contracts (formerly Directed Enhanced Service (DES)) and 'Community Based Services' contracts (formerly Local Enhanced Services (LES))
- Directed Enhanced Services include - Minor Surgery, Extended Hours Access, Learning Disabilities Health Check, Childhood Immunisations 2 & 5 year old.
- BNSSG is currently reviewing Locally Enhanced Services

# PMS Review

- NHS England initiated a national review of PMS contracts in June 2013 in response to concerns that some practices were paid significantly more than other for similar work.
- NHS England Area Teams considered how far PMS expenditure (in so far as it exceeds the equivalent expenditure on GMS services) is effectively paying for 'core' primary care services.
- It also identified how far it is paying for innovation and quality improvement in primary care and how far it is paying for 'enhanced' primary care services.
- NHS England introduced funding changes for PMS and APMS contracts for 2016/17, with effect from 1 April 2016. The changes aimed to introduce consistency across GP practices.
- The annual BNSSG PMS Premium is £9.1m, which is being removed from practice contracts on a phased basis, over a five year period (ending in 2020/21), and being re-invested amongst all practices to provide GP services outside of core contracts.