# HEALTH AND WELLBEING BOARD: 16TH JULY 2015

## REPORT OF NHS ENGLAND

## PERSONAL MEDICAL SERVICES REVIEW

### Introduction

1. NHS England directed all regional teams to undertake a programme to review all local PMS contracts and complete the review process by March 2016.

2. One of the purposes of this national review is to consider how to apply the principles of equitable funding to PMS resources.

3. A national data collection exercise identified that the premium element of PMS expenditure nationally is £325 million. That is the value of how far PMS expenditure exceeds the equivalent items of General Medical Services (GMS) expenditure. This means that NHS England pays, on average, a premium of £13.52 for patients registered with PMS practices. The premium will reduce to around £235 million over the seven years to 2021/22, as the GMS Minimum Practice Income Guarantee (MPIG) is gradually phased out. This reduces the average premium per registered PMS patient to £9.80.

4. It is essential, that the principles of equitable funding by moving towards a position where it can be demonstrated that all practices whether on a GMS or PMS contract receive the same core funding for providing the core services expected of all GP practice. Any additional funding above this must be clearly linked to enhanced quality or services or the specific needs of a local population, and practices should have an equal opportunity to earn premium funding if they meet the necessary criteria.

5. A further purpose of the review is to seek to secure best value from future investment of the 'premium' element of PMS funding by ensuring available resources for investment are deployed in line with the re-investment criteria which have been agreed between the NHS England regional team and the CCGs. In principle these criteria are that any additional investment in general practice services that go beyond core national requirements should:

    - reflect joint AT/CCG strategic plans for primary care;
    - secure services or outcomes that go beyond what is expected of
    - core general practice or improve primary care premises;
    - help reduce health inequalities;
    - give equality of opportunity to all GP practices;
    - support fairer distribution of funding at a locality level.

6. Due to all Leicestershire CCGs having full delegation for primary medical care through co-commissioning from the 1st April 2015, it is now the responsibility of each CCG to take forward the PMS reviews. Through this arrangement the CCGs should underpin the PMS review by applying the principles of the national guidance published by NHS England as set out below:

   (i) A case by case review of all affected practices to ensure that they are not serving special populations that merit continued additional funding and that they would not be unfairly disadvantaged by the changes;

   (ii) Any proposals to reduce current levels of PMS funding for any practices should reflect decisions on how the money freed up will be redeployed, including proposals for reinvestment of resources to support local improvement and innovation in primary care. This is to ensure that changes to practice funding reflect the overall net impact of any change, and practices don't have to manage a reduction of funding, before subsequent reinvestment is made available;

   (iii) There is a need to engage with patients where changes to services are proposed which result in different services being available to patients;

   (iv) Any resources freed up from PMS reviews should always be reinvested in general practice services (including as appropriate, general practice premises developments). This funding will be available to **all** practices (GMS, PMS, and Alternative Primary Medical Service (APMS) providers);

   (v) Except with the agreement of all the CCGs involved, PMS resources should not be redeployed outside the current CCG locality. (i.e. the CCG of which the PMS practice is a member);

## Background

7. All PMS practices were offered three options:

   **Move to GMS.**

   (i) Practices have a contractual right to revert to a GMS Contract following NHS England's standard operating Procedures.

   **Remain in PMS.**

   (ii) Practices can choose to remain on a PMS contract and participate in the PMS review with the expectation that there will be a renegotiation of these contracts that will remove any premium funding that cannot be directly related to services provided over and above those expected from a core GMS contract. The pace of change for the removal of funding will be over 4 years. The first year is 2014/15 but the premium deduction will not be enacted until 2016/17, with equal deducts taking place across 2 years.

   **Transition Offer**

   (iii) PMS Practices can opt to revert to a GMS Contract and access transitional support. This was a time-limited offer. Under this option, recognising the current risks and issues impacting on local practices, transitional support

would be provided over a period of 6 years starting in 2015/16. The target contract value at the end of the period will be the equivalent to the GMS contract value without any MPIG (the seven-year endpoint).

8. The outcome position following the offer to practices is that from a total of 48 PMS practices 46 practices opted to revert to a GMS contract with the transition offer of a six year reduction of the PMS premium. This equates to a total fund of approximately £4.1 million released for reinvestment. Two PMS practices opted to remain in PMS and take part in the review (one practice in City CCG and one practice in East Leicestershire and Rutland CCG)

9. All three CCGs have agreed that in 15/16 the net deduction from all PMS practices choosing the transition offer will be reinvested back into the practices that have had a reduction of income. The reinvestment will be non-recurrent in 15/16 meaning in 16/17 practices will have a 2 year reduction. This transition year means that the CCGs will have a fund for reinvestment equivalent to 2 years deduction in 16/17 for reinvestment which equates across the three CCGs to approximately £1.3 million. The rationale for the transition year is to ensure that practices are not destabilised and have an opportunity to plan for the reduction in 16/17. It also gives the CCGs time to finalise the reinvestment criteria and the process to access the funding.

## Current Position

### Re-investment of freed up PMS premium

10. All CCGs are finalising their reinvestment criteria and process and have plans in place for these to be signed off at their respective Primary Care Commissioning Committees by the end of October 2015. This will ensure that the process to access and/or the use of funds is communicated and completed by March 2016 to ensure that the reinvestment of the freed up resource is seamless.

11. Initial meetings have taken place with the remaining City CCG PMS practice and a process and timeline has been agreed for the PMS review which is planned to be completed by the end of September 2015.

12. The initial meeting with the remaining East Leicestershire and Rutland CCG PMS practice has been deferred until August/ September due to circumstances within the practice.

## Recommendation

13. That the report be noted.

## Officer to Contact

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**Appendix A**

# Better Care Together Leadership Board for the emotional health and wellbeing of children and young people

## DRAFT TERMS OF REFERENCE

### 1 Introduction

Strong emotional health and wellbeing is a key element of a healthy childhood. All agencies that support children, and those that care for them, can contribute towards healthy emotional development and the establishment of good mental health into adulthood.

A child with good emotional health and wellbeing will have a sense of

- feeling loved, trusted, understood, valued and safe

- being interested in life and having opportunities to enjoy themselves
- being hopeful and optimistic
- being able to learn and having opportunities to succeed
- accepting who they are and recognising what they are good at
- having a sense of belonging in their family, school and community
- feeling they have some control over their own life
- having the strength to cope when something is wrong (resilience) and the ability to solve problems.

They will have the capacity to

- Develop psychologically, emotionally, spiritually, creatively and intellectively
- Initiate, develop and sustain mutually satisfying relationships
- Use and enjoy solitude
- Be aware of others and empathise with them
- Play and learn
- Develop a sense of right and wrong
- Face and resolve problems and setbacks and learn from them.

A range of organisations have responsibility for fostering the educational, social and healthy development of children and young people. These organisations agree that by working together they can deliver effective and co-ordinated services which make best use of limited resources.

Within Leicester, Leicestershire and Rutland, a Better Care Together (BCT) programme has been established to co-ordinate health and social care services. This Leadership Board will be part of the BCT Programme.

## 2 Purpose

The Leadership Board will give strategic direction to all partnership work across Leicester, Leicestershire and Rutland to improve the emotional health and wellbeing of children and young people.

It will prepare the joint strategy for comprehensive services to support the emotional health and mental health of children and young people.

It will consider opportunities for strategic partnership approaches including lead commissioning, joint commissioning and pooling of budgets.

The Leadership Board will establish and commission multi-agency task groups to undertake specific items of work.

The Leadership Board will establish a stakeholder group and stakeholder forums

## 3 Specific objectives

Specific objectives for the Board will include:

Development of a shared strategy for child emotional health and wellbeing

Joint commissioning of services to specifically support children's emotional health and wellbeing.

Overview of performance and impact of services to improve emotional health and wellbeing.

## 4 Governance

The Board will report to the BCT Childrens Workstream. It will also prepare reports for the Health and Wellbeing Boards for Leicester, Leicestershire and Rutland.

There will also be links to other workstreams, in particular the Mental Health workstream.

## 5 Scope

The scope of the Board will include all services supporting the educational, social and health development of children from birth to age 18.

## 6 Membership

Director of Children and Family Services - Leicestershire County Council

Director of Nursing and Quality – Leicester City Clinical Commissioning Group

Consultant in Public Health – Leicestershire County Council

Consultant in Public Health – Leicester City Council

Associate Director for Children and Families Commissioning – West Leicestershire Clinical Commissioning Group

Representative from Rutland County Council

Director of Children Families and Young People Services – Leicestershire Partnership Trust

NHS England representation

Healthwatch representative

Commissioning Manager for CAMHS

All members should attend regularly and, where possible, should have a designated deputy.

## 7 Frequency of meetings

Meetings should be held at least every three months although more frequent meetings may be required at certain times.

July 2015, October 2015, January 2016, April 2016