



## PMS contract review update

This briefing is for information only for GMS practices

This update follows our recent PMS briefing: in areas where CCGs have already moved to Level 3 co-commissioning, (fully delegated responsibilities) they can carry out PMS reviews themselves with oversight. Level 2 reviews will be carried out jointly between the CCG and NHS England London (NHSEL), and Level 1 will be carried out solely by NHSEL.

Preparation of all PMS practice baseline figures across London is almost complete.

NHSEL undertook to share detailed information on a practice by practice basis with CCGs and offer proposals on how the premium could be invested, by the end of October 2015.

NHSEL already have a set of KPIs it uses for APMS contracts and NHSEL will expect CCGs to align these KPIs with the London Strategic Framework and their own Five Year Plan.

Once NHSEL has discussed with the CCGs what the local offer will be, it will engage with all stakeholders. Although there will be a standard London approach, each CCG will have different priorities.

NHSEL will expect CCGs to engage with LMCs and practices, any decisions will need to be taken to Strategic Planning Group (SPG) level and then the Joint Co-commissioning Committees (unless CCGs are operating under Level 3 arrangements).

The proposed payment for PMS practices for essential and additional services, ie, core services will be based on the GMS global sum (without MPIG) and anything provided over that will be considered as premium funding. The information sent to practices will include what their GMS equivalent would be.

NHSEL are proposing that PMS practices would have to deliver on all DESs and all locally commissioned services, ensuring population coverage, in order to hold a PMS contract.

Individual PMS practice delivery of every enhanced service will not be demanded but suitable arrangements will have to be made by the PMS practice to enable delivery to all patients (eg, via a federation of practices).

NHSEL will be asking CCGs how they will be addressing the inequity of funding between GMS and PMS; PMS contract holders may choose to revert to GMS with three months written notice.

NHSEL are open to receiving local alternative proposals but these will still need to meet NHSEL's overarching requirements. The national requirement is for the reviews to be completed by 31 March 2016 and NHSEL is continuing to work to this deadline. However, if local alternative approaches clearly demonstrated the benefits they can bring to patients and healthcare delivery, the deadline of 31 March 2016 may be reconsidered. NHSEL will still need to gain approval from NHSE central team for any alternative approach.

NHSE states that if it is negotiating with a group of PMS practices on behalf of individual practices that there must be evidence of a mandate from each of the represented practices.

We will share any further information with you as soon as it becomes available.