



## The M Word issue 1

Dr Michelle Drage's personal briefing for practices on NHS reforms.

This is the first in my personal series of briefings which will provide commentary and updates on key issues facing you and your practice as some of the NHS reforms kick in ahead of the Health Bill completing its passage through parliament.

These briefings will be complimentary to our substantive Lighting the Path guidance, focusing on areas of risk for developing Consortia, and providing informed comment on areas where there is a lack of any definitive guidance, and an occasional element of humour to ease the pain! The first of these is in Q&A format.

We hope you will find these briefings useful and informative. If you have any queries, or suggestions for future topics, please contact us at [info@lmc.org.uk](mailto:info@lmc.org.uk).

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What on earth has happened to my PCT?

In law the PCT remains in rump form until the Health and Social Care Bill is enacted. In reality its functions have been devolved to 6 'Commissioning Clusters', previously the 6 NHS London Sectors.

What are these NHS Commissioning Clusters supposed to do?

They are supposed to support developing GPCCs as they prepare to take over the totality of their Non-Primary Medical Services Commissioning along with transferring the cash to commission these services more effectively;

They are supposed to hold and manage your Primary Medical Services contracts

What is all this 'Transition' talk about?

'The transition' is the term being used to describe the period between wind down of PCTs (ie now), and April 2013 when, subject to legislation, they disappear, and the implementation, subject to Parliament, of the Health and Social Care Bill, which abolishes PCTs and introduces the NCB (National Commissioning Board) to commission Primary Medical Services through GP Provider Contracts (GMS, PMS and APMS), and to commission Non-Primary Medical Services (Non-PMS), ie Hospital, Community and possibly some Social Care Services) through GP Commissioning Consortia (GPCC).

What are Primary Medical Services?

These are the services you as GP Providers under your GMS (General Medical Services), PMS (Personal Medical Services) and APMS (Alternative Provider Medical Services) contracts (known legally as primary medical services).

(yes it is confusing that the generic term Primary Medical Services has the same initials as the contractual term PMS (Personal Medical Services).

What are Non-Primary Medical Services?

These are everything except the services you provide as GP Providers under GMS, PMS or APMS. Non-Primary Medical Services are Hospital, Community and some Social Care Services.

Does the NCB exist?

Not until April 2013

Do GP Commissioning Consortia exist?

No - GPCC are only under development at present. The development programme is called the Pathfinder programme. From April 2012 they will become Shadow GPCCs, and only from April 2013 will they have full responsibility for the funding of Non-PMS.

Do developing GPCC hold my GP Provider Contract (GMS, PMS, APMS)?

No.

Can developing GPCC performance manage me and my contract?

No &ndash; that remains the role of the NHS Commissioning Cluster.

Will GPCC hold my GP Provider Contract (GMS, PMS APMS)?

No. That will be the NCB.

Who will performance manage my contract?

The NCB will performance manage your contract.

Can the NCB delegate the performance management of my contract?

Possibly, but not until they exist! &ndash; all this depends on legislation not yet approved by Parliament. In the meantime your contract to provide Primary Medical Services remains held and managed in place of your PCT through your NHS Commissioning Cluster, which may become a local outpost of the NCB in time.(MS).

What should our GPCC be focussing on?

Commissioning better services for you to refer patients to

Using the precious commissioning resource in a way that fits the GP model of care

Challenging established norms on commission practice

Not being a PCT

More next time.