



Framework for Personal Medical Services (PMS) Contracts Review.

Document Title: Framework for Personal Medical Services (PMS) agreements review.

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Background

1. In January 2014, area teams were asked to review local PMS agreements over a two-year period ending in March 2016.
2. Area teams were asked to develop proposals (by the end of March 2016) to ensure – over time – that any additional investment in general practice services, whether it is deployed through PMS or through other contractual routes:
 - reflects joint strategic plans for primary care that have been agreed with the relevant CCG(s);
 - secures services or outcomes that go beyond what is expected of core general practice;
 - helps reduce health inequalities;
 - offers equality of opportunity for GP practices in each locality (i.e. if one or more practices in a given locality are offered the opportunity to earn extra funding for providing an extended range of services or meeting enhanced quality requirements, other practices in that locality capable of providing those services or meeting those requirements should have the same opportunity);
 - supports fairer distribution of funding at a locality level.

PMS review framework

3. NHS England fully supports the use of PMS contracts as a way of securing innovation and addressing specific needs of patients or bringing together groups of NHS or GP contractors into new organisational models for delivering care.
4. This guidance is intended to ensure a fully collaborative approach with CCGs; and to ensure that any changes arising from local reviews are managed at a pace that does not unduly destabilise any practices. It should be read in conjunction with the principles outlined in paragraph 2.
5. Key principles underpinning the PMS review process include the following:
 - a. Area teams should ensure, wherever possible, that any decisions relating to future use of PMS funding are agreed jointly with CCGs as part of anticipated co-commissioning arrangements.
 - b. Area teams should ensure that there is 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.

- c. 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 from area team or CCGs 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.
- d. Where changes to services are proposed which result in different services being available to patients, there is a need to engage with patients and/or patient representative groups, to ensure NHS England complies with its various duties to consider the impact of its decisions on patients. The degree to which area teams should engage depends on the proposal being considered and what is safe and practical within the time and resources available.
- e. **Any resources freed up from PMS reviews should always be reinvested in general practice services (including, as appropriate, general practice premises developments).**
- f. **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).**
- g. Area teams were previously asked to make local decisions on the pace of change for any redeployment of funding arising from PMS reviews. Without prejudice to agreements that have already been reached with practices, but in the interests of greater consistency for future decisions, area teams should – **unless there are compelling reasons otherwise –redeploy any freed-up resources over a minimum four year period (year one being 2014/15).**
- h. Where, as a result of PMS reviews, practices are likely to move towards levels of funding equivalent to GMS funding, area teams should consider the potential benefits of practices nonetheless having the option of remaining on PMS agreements as a way of preserving future flexibility.
- i. These principles will not apply retrospectively where agreements between area teams and practices have already been made.