



PMS Contract Reviews- Londonwide LMCs' Bulletin 6

The PMS London Offer

Londonwide LMCs has raised with NHSE London our concern that substantial outstanding items remain unresolved.

These concerns are summarised as follows:

- **'Atypical' PMS practices (University, Homeless, etc):** confirmation that they will either be reviewed at the same time, and given consideration for their unique circumstances, or that they are exempt from this review.
- **Global Sum Equivalent (GSE):** based on GMS figures and practice capitation from April 15, this needs to reflect GSE from July 2016 (two uplifts since April 15) and capitation from the date of the offer.
- **Transition and equalisation guidance:** yet to be completed - timing, eligibility, decision making and appeal mechanisms need to be clearly specified.
- **Premium Specification (Weekend Access):** confirmation that where existing and suitable models (service description and activity confirmed) of weekend access are in place and there is no call upon the premium service funds for the same delivery, the funding will be made available to all practices via local KPIs.
- **GMS:** the timing and contracting mechanism for GMS practices to access premium funds and deliver services is not yet specified for all three aspects of the proposed contract; mandatory KPIs, Premium Specification and Locally Commissioned Services (Optional KPIs).
- **PMS practices reverting to GMS:** confirmation that there is an option to access premium funds and deliver services in the same way as PMS.
- **Delivering all requirements in the timescale:** confirmation that new services e.g. weekend opening can be delivered and details of the timeframe allow a practice signing the contract to construct and actually deliver the service, given existing staffing contracts, workforce schedules and communications.
- **Patient Engagement:** significant service change requires practices to engage with patients on that change and must be allowed for within the specification.
- **Impact assessments:** CCGs must ensure that these are provided on both patient services delivery, and for practice sustainability before the implementation of any new contract. All parties must be aware of the content and impacts identified, with fully developed plans to mitigate the risks to patients, patients' services, practices, and practice staff.



- **Core practice hours:** the recent document "General Practice Forward View", (GPFV) NHSE, April 2016, clearly sets out the key essential steps to stabilising, transforming and sustaining general practice. This is to be achieved by providing investment, workforce and workload support, developing practice infrastructure and care redesign. It does not recommend extending core practice hours.
- **Access to GP services:** no practice will be contractually required to be open beyond current hours. In addition it will be for local areas to determine what service arrangements are appropriate for their local population and, as we insisted, these must be integrated with urgent care and GP out-of-hours services. (GPC BMA 2015)
- **PMS Premium specification for weekend opening:** this urgently requires review to ensure it reflects this NHSE initiative.

Until Londonwide LMCs are reassured and believe that the PMS London offer is completely acceptable and in a position to be finalised by CCGs, our advice is:

- Practices should not sign any contractual documentation in relation to the PMS London offer.
- Practices should seek independent professional advice as to whether acceptance or rejection of any local PMS offer is suitable for their individual practice requirements.
- Practices, GPs and LMC members should not engage in any PMS discussions locally without seeking further advice and support from the borough LMC or Londonwide LMCs.

Londonwide LMCs will keep you fully updated as discussions proceed.

April 2016