GP RESILIENCE GUIDE: TAKE CONTROL: PROTECTING YOUR PRACTICE

All GPs need to be vigilant and make sure you know the facts about the core contracts available to general practice and the differences, benefits and risks each of them present. An understanding of list maintenance, GMS, PMS, APMS contracts, enhanced services (community based services and Directed Enhanced Services) and data sharing is a crucial part of protecting your practice.

Protect your practice - List maintenance

No matter what type of contract you hold its value will be based on your practice list size (capitation). List size determines income so you must keep an accurate list of all registered patients. If your system has not recorded patients appropriately you could easily be under or overfunded. Being over funded is a serious issue and you could become contractually and financially exposed if you have been accepting funding for patients that do not exist. Funds can be retrospectively clawed back which could severely destabilise your practice financially.

TAKE CONTROL

Make sure you know how list maintenance exercises operate across London by reading the NHS England policy.

TAKE CONTROL

Ensure your practice operates sound and robust systems to ensure that you fulfil the requirements of the 'Once for London - List Maintenance' programme that Londonwide LMCs negotiated with NHS England London.

TAKE CONTROL

Read Londonwide LMCs' 'List Maintenance Tips' which is a helpful checklist on how to avoid the most common risks.

Protect your practice - Key areas for managing practice contracts

Your practice has a GMS, PMS or APMS contract, this forms your core contract and the main source of income. It is essential you know the terms of your contract especially any supplementary schedules or appendices. Non-compliance or non-delivery of the contract will leave practices exposed and vulnerable to a breach of contract or financial claw back.

TAKE CONTROL

Thoroughly explore all your options before considering changing your 'core' contract. You need to know and understand all the requirements and implications contained within the contract.

Londonwide LMCs
The professional voice of London general practice

General Medical Services (GMS)

Came into force in April 2004 and is the most common type of contract across London. Funding changes to GMS contracts have arisen due to the decision by NHS England in 2013 to:

- Phase out, over seven years, the Minimum Practice Income Guarantee (MPIG) and redistribute these freed-up resources into the 'global sum' funding that all GMS practices receive.
- Reduce the size of the Quality and Outcomes Framework (QOF) and, for GMS practices, move the associated resources into global sum payments.

TAKE CONTROL

Know what the important changes to GMS contracts for 2014/15 are.

Personal Medical Services (PMS)

Introduced in April 1998 primarily to develop more flexible and locally responsive services. Originally the contract was negotiated between the practice and the local Primary Care Trust (PCT) but now negotiating rights have shifted to NHS England London.

PMS contract reviews

NHS England believe there are clear benefits that flow from renegotiating and updating PMS contracts to reflect changes in the primary care agenda. To date reviews have been variable across London but key points around PMS contracts at present are:

- A National PMS review will occur within the next two years.
- A reduction of the Global Sum Equivalent (capitation, growth and any other permanent funding) will probably be reduced to match the GMS global sum.
- Key Performance Indicators (KPIs) will probably be based around the 'GP Outcome Standards' and the transformation agenda.
- Similar offers will be made to GMS practices for the provision of the successors to Enhanced Services.
- PMS contract holders will retain the right to revert to GMS (without MPIG) within three months written notice.

Londonwide LMCs firmly believe that any freed up PMS funding should be retained in general practice and reinvested into global sum payments or the PMS baseline equivalent.

TAKE CONTROL

Read the BMA's 'Reviewing PMS contractual arrangements'.

Alternative Provider Medical Services (APMS)

Primary care services which can be provided by non-clinical contractors. These contracts are time limited and on their natural expiry will be re-procured. In the event of any other contracts being subject to early termination, for whatever reason, an APMS contract will be offered to the subsequent contractor.

NHS England have confirmed that all new procurements of GP services must result in an APMS contract, except when a PMS contract reverts to the GMS version.

APMS contracts can seem to attract a higher capitation. However, you should note that with additional funding comes additional requirements and higher levels of performance monitoring. The time limited nature of the contract also means that it has a given longevity which other contracts do not. It is not negotiated nationally or locally as it is often presented as the contract when offered within a procurement process.

TAKE CONTROL

Read Londonwide LMCs' document on key features of a London APMS contract and the APMS Q&A fact sheet which provide further details of this increasingly used contractual arrangement.

Protect your practice - Enhanced Services (Community Based Services)

These now fall under the generic term of being a community based service. Such contracts are important as they can be made available to practices to deliver extra services to patients over and above those contained within the core contract. They also provide an extra source of income.

There are four main bodies who can issue such contracts:

1. NHS England – can issue National Enhanced Services (NESs) and Direct Enhanced Services (DESs). DESs are becoming more prolific from the centre with numerous requirements and conditions and come with fixed pricing. They are issued to all practices and monitored by NHS England London.

2. Clinical Commissioning Groups (CCGs) – can devise, issue, offer and manage Community Based Service Agreements - (formally a Local Enhanced Service (LES) or a Local Incentive Scheme (LIS)) which are locally negotiated and agreed. Consultation with the LMC is a requirement during their development and before issue. These contracts are paid for by the CCG and are generally a standard NHS contract.

3. Networks or Federations – can also devise, issue, offer and manage service incentive schemes for which they pay and monitor. These have yet to really become established and practices, as members of a network or federation, should have the opportunity to comment on their development.

4. Local Authority (Public Health) – now have responsibility for certain healthcare services. These services are offered generally under a standard local authority contract often with service specifications attached as a schedule or appendix. They can be offered to practices or procured to any other provider. Public Health has autonomy over their development with the main aim to get service coverage over the whole of the borough population. LMCs have been able to a greater or lesser degree to influence their content where the contracts are offered to general practice.

PROTECTING YOUR PRACTICE

Protect your practice - data sharing agreements

All practices have a role as "Data Controller" of their patient confidential data. The request to sign up to a data sharing agreement, sometimes called a Data Processing Deed or Deed of Contract may come from many organisations all requiring the sharing of patients' personal data for service provision and for contract monitoring.

The drive towards more integration of health and social services also requires the appropriate sharing of patient data between participating organisations. The balance between the need to protect patient confidentiality and the need to share information to improve patient care is a difficult one and the consequence for falling foul of the law is serious.

TAKE CONTROL

Recognise the special responsibility, as Data Controller, that you have in holding patient confidential data.

Organisations involved in providing health and social care services to the public have a legal responsibility to ensure that their use of personal information is lawful, properly controlled and that an individual's rights are respected.

TAKE CONTROL

Ensure your practice has a Caldicott Guardian and an Information Governance Policy in place.

Your practice must ensure that any sharing of appropriate and relevant personal information about individuals between parties is done in a secure, lawful framework. Information sharing should take place in the context of an expressed, written set of common rules, binding on all the organisations involved in a data sharing arrangement.

TAKE CONTROL

Always ask "Is personal confidential data required?" eg, all contract payments should only require anonymised data.

TAKE CONTROL

Use the Londonwide LMCs' briefing document on data sharing which contains a helpful check list.

TAKE CONTROL

Use the Primary Care Web Tool factsheet and the Primary Care Web Tool to see practice identifiable statistics on individual practices.

TAKE CONTROL

Contact Londonwide LMCs' GP Support Team (GPsupport@lmc.org.uk) to discuss in confidence your situation and to obtain advice on the next steps.