

## JOINT COMMISSIONING COMMITTEE

<b>MEETING DATE:</b>	Thursday 11 June 2015
<b>AGENDA ITEM NUMBER:</b>	Item 7.0
<b>AUTHOR:</b>	Jane Ellerton
<b>JOB TITLE:</b>	Senior Manager, Commissioning
<b>DEPARTMENT:</b>	NL CCG

### PMS PREMIUM - 2015/16 REINVESTMENT

<b>PURPOSE/ACTION REQUIRED:</b>	Decisions for Approval
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	<i>This should identify each key Committee/Group which has led prior involvement/consultation in developing the recommendations in the paper</i> <b>NL CCG Engine Room</b>
<b>FREEDOM OF INFORMATION:</b>	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i> <b>Public</b>

#### 1. PURPOSE OF THE REPORT:

This paper sets out the proposal for use of PMS premium for re-investment.

NL CCG currently has two PMS contracted GP practices. The PMS premium funding is being withdrawn from these practices over a four year period commencing in April 2015 for Practice 1 and April 2017 for Practice 2.

NLCCG proposes that the PMS premium released in 2015/16 is utilised to offer all North Lincolnshire practices Gold Standard Framework training to improve the quality of care for people at end of life. This national training programme has demonstrated significant improvements in patient and carer experience of end of life through improved processes and care

#### 2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	X
Reduce unwarranted variations in services	X
Deliver the best outcomes for every patient	X
Improve patient experience	X
Reduce the inequalities gap in North Lincolnshire	X

<b>3. ASSURANCES TO THE JOINT COMMISSIONING COMMITTEE</b>							
<b>4. IMPACT ON RISK ASSURANCE FRAMEWORK:</b>			<table border="1"> <tr> <td>Yes</td> <td> </td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X				
<b>5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:</b>			<table border="1"> <tr> <td>Yes</td> <td> </td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X				
<b>6. LEGAL IMPLICATIONS:</b>			<table border="1"> <tr> <td>Yes</td> <td> </td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X				
<b>7. RESOURCE IMPLICATIONS:</b>			<table border="1"> <tr> <td>Yes</td> <td> </td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X				
<b>8. EQUALITY IMPACT ASSESSMENT:</b>			<table border="1"> <tr> <td>Yes</td> <td> </td> <td>No</td> <td>X</td> </tr> </table>	Yes		No	X
Yes		No	X				
<b>9. PROPOSED PUBLIC &amp; PATIENT INVOLVEMENT AND COMMUNICATIONS:</b>			<table border="1"> <tr> <td>Yes</td> <td> </td> <td>No</td> <td> </td> </tr> </table>	Yes		No	
Yes		No					
<b>10. RECOMMENDATIONS:</b>							
<p>The Joint Commissioning Committee is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the recommendation to re-invest PMS premium funding in provision of Gold Standards Framework training for all practices during 2015/16.</li> </ul>							

### **PMS Premium - 2015/16 Reinvestment**

Personal Medical Services (PMS) agreements are locally agreed contracts between NHS England and a GP practice. PMS contracts offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts by offering variation in the range of services which may be provided by the practice.

NHS England Area Teams were required to review all PMS contracts by April 2016 and seek to secure best value from future investment of the 'premium' element of PMS funding by ensuring available resources for investment are deployed in line with the following criteria;

- reflect joint AT/CCG strategic plans for primary care;
- secure services or outcomes that go beyond what is expected of core general practice or improve primary care premises;
- help reduce health inequalities;
- give equality of opportunity to all GP practices;
- support fairer distribution of funding at a locality level.

The PMS premium is the difference between the 'revised PMS baseline' (the elements of a PMS expenditure that are comparable to GMS practices) and the weighted capitation that a PMS practice would earn if they were on a GMS contract. National assessment shows the PMS premium is unevenly distributed across PMS practices.

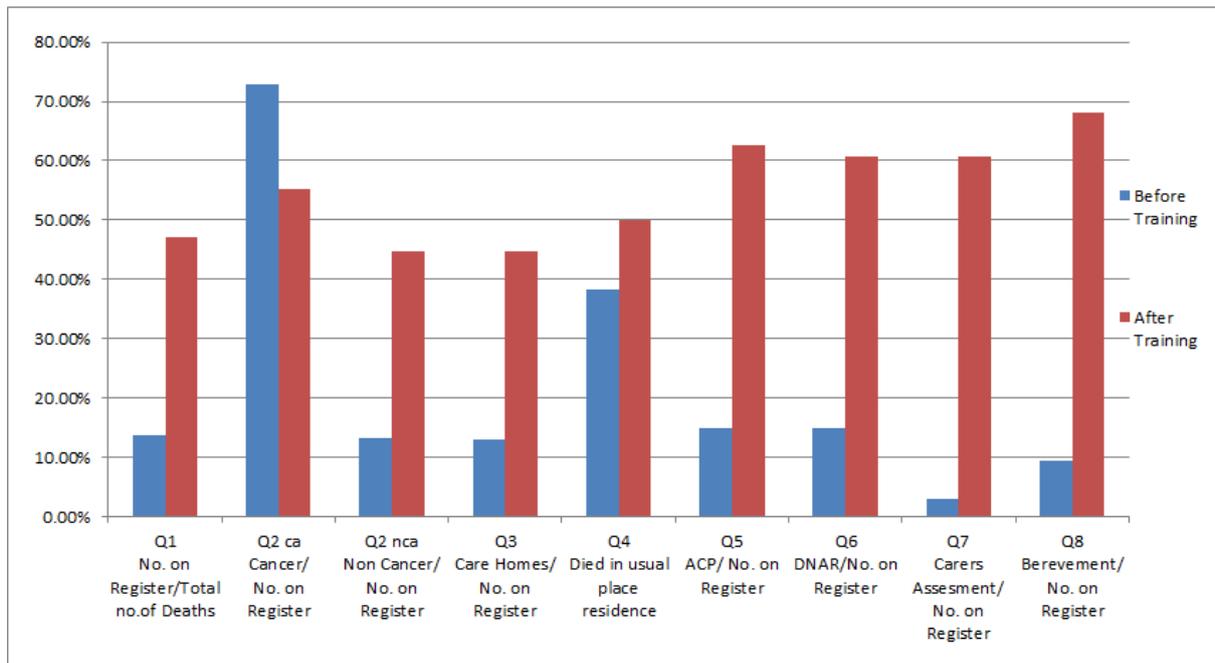
NL CCG currently has two PMS contracted GP practices. The PMS premium funding is being withdrawn from these practices over a four year period commencing in April 2015 for Practice 1 and April 2017 for Practice 2. Due to the pace at which PMS premium funding is withdrawn, the level of funding available for the CCG to re-invest in primary care services during 2015/16 is £3,512.

NL CCG proposes that in 2015/16 this funding is utilised to support delivery of the Gold Standards Framework for End of Life Care; Going for Gold. This is a national, evidence based programme which provides a systematic approach to improving the quality and organisation of care of people at end of life.

The programme is able to demonstrate significant improvements within general practice by those practices completing the programme, including;

- Increasing numbers of patients on Palliative Care Registers
- Increasing non-cancer patients on Palliative Care Registers
- Increasing number of patients with recorded Advance Care Plan
- Increase in number of people dying in usual place of residence
- Increase in Carers assessment and bereavement protocols

(based on Round 1 GP Practices Quality Recognition Accreditation Nov 12 cumulative findings of first GP practices - endorsed by RCGP)



NL CCG has already approved the business case for delivery of GSF Going for Gold and sees this as a priority in 2015/16. The cost of the training programme for all 19 practices within North Lincolnshire is £22,044 including VAT. NL CCG will provide the additional funding top-up to support delivery of this training.

### Recommendation

NL Joint Co-commissioning Committee is asked to;

- approve this proposal to utilise PMS Premium funding to contribute to provision of GSF training for all practices to commence in 2015/16.