

Report to: (Governing Body/Committee): Primary Care Commissioning Committee

Date of Meeting: 30th July 2019

Subject: PMS Reinvestment Plans

Presented by: Julie Wilson, Assistant Director Programme Delivery & Primary Care

**Agenda Item 08**

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information [ ]

For Discussion [ ]

For Approval / Ratification [x]

Report Exempt from Public Disclosure [x]  No [ ]  Yes

|  |  |
| --- | --- |
| **PURPOSE OF REPORT:** | This report has been prepared to set out the proposed plans for use of the Personal Medical Services (PMS) Reinvestment premium. As a reminder of the background to this premium funding, during 2014/15 NHS England undertook a review of the PMS contracts within North East Lincolnshire. The aim of the review was to determine the level of premium, if any, being paid to practices and take action to ensure a transition to an equitable payment between General Medical Services (GMS) and PMS contracts. This resulted in a reduction to the core PMS contract payments and the identification of a PMS premium for reinvestment back into local general practice services. NHS England stated that the premium would be ring fenced to general medical services in the CCG area, but not solely for investment back into PMS contracts. The reinvestment has been phased over 4 years (2015/16, 2016/17, 2017/18 and 2018/19), so the original phased transition period is now complete, and the funding has now become part of the overall primary care budgets. However, as previously reported to the Committee, NHS England has since identified that there would still be a differential between the GMS and PMS payment in April 2020, so a further reduction will take place as of April 2020. This will release a further £200k back into the CCG’s primary care budget from that point.The attached table shows the investment over the 4 years, and the plan for the current year. The plan for 2019/20 reflects the need to support the CCG’s overall primary care budgets, due to the lower than anticipated uplift. The financial update was provided to the last Primary Care Commissioning Committee meeting, identifying a gap of £550k in the primary care budget once all of the mandated payments had been honoured. This gap is therefore being covered, in part, by the flexibility within the PMS premium, whilst retaining the investment in primary care enhanced services that has already taken place, and some flexibility for services that are currently in development. |
| **Recommendations:** | The PCCC is asked to:* Approve the proposed plans for the residual PMS premium funding for 2019/20
 |
| **Committee Process and Assurance:** | N/A |
| ***Implications:*** |  |
| **Risk Assurance Framework Implications:** | If this proposal is not approved, there is a risk to the achievement of the overall financial plan for the CCG. |
| **Legal Implications:** | N/A |
| **Data Protection Impact Assessment implications (DPIA):** | Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work? | **No** |
| If yes to the above – have the DPIA screening questions been completed? | Choose an item. |
| Does this project involve the processing of personally identifiable or other high risk data? | Choose an item. |
| If yes to the above has a DPIA been completed and approved? | Choose an item. |
| **Equality Impact Assessment implications:** | An Equality Impact Analysis/Assessment is not required for this report [x] An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising [ ]  from the analysis/assessmentAn Equality Impact Analysis/Assessment has been completed and there are actions arising [ ]  from the analysis/assessment and these are included in section \_\_\_\_ of the enclosed report |
| **Finance Implications:** | The financial implications are set out within the attached table. The proposed plan supports the CCG to meet the financial gap in the CCG Primary Care Budgets and maintains the level of investment already made into the enhanced services funded via PMS premium. |
| **Quality Implications:** | This report details a positive impact on quality. [ ] The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services.This report details a neutral impact on quality. [x] The report will not make any impact on experience, safety or effectiveness. This report details a negative impact on quality. [ ] The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position. |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | N/A |
| **Engagement Implications:** | N/A |
|  |  |
| **Conflicts of Interest**  | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?* [x]  Yes [ ]  No |
| **Links to CCG’s Strategic Objectives** | [x]  Sustainable services [ ]  Empowering people[ ]  Supporting communities [x]  Delivering a fit for purpose organisation |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> |
| **Appendices / attachments** | PMS premium reinvestment spreadsheet |