Personal Medical Service (PMS) reviews in NHS Sutton & Merton

1 Background

1.1 Personal Medical Service (PMS) contracts are locally negotiated primary care medical (GP) contracts. PMS contracts were first introduced in 1998 as a way of supporting innovation into primary care by having a locally negotiated GP contract that reflected the local health needs of a practice population. Contracts at this stage had the status of 'pilots'.

1.2 The budget baseline for PMS contracts was based on their previous General Medical Services (GMS) income. Where an increase in list size was anticipated, the new PMS contracts supported additional funding to achieve these targets, mostly in the form of resources to employ salaried GPs and nurse practitioners. The new services or growth targets were set out in the PMS contract as the practice's objectives. The incentive for practices to enter a PMS contract was the opportunity to develop more flexible and locally responsive services with a reduced bureaucracy surrounding the contract.

1.3 In March 2006 the Department of Health issued directions and a letter to Chief Executives requiring PCTs to ensure that PMS contracts contain similar arrangements to those negotiated for GMS: the PCT must be able to demonstrate *"that funding decisions between all primary care contractors are fair and equitable and represent value for money. In* particular, that equivalent GMS and non-GMS contractors are treated in a similar way in respect to resourcing decisions"[1]. It required PCTs to undertake Value for Money reviews of local PMS contracts for this purpose.

1.4 NHS Sutton & Merton ("the PCT") has been in negotiations with Personal Medical Services ("PMS") providers in the area at least since April 2010 in order to agree variations to their contracts. The intention behind these negotiations is to ensure that the PCT secures value for money in the services it commissions and to address any inequities in funding across the PCT. The range of expenditure on PMS practices was between £72 and £132 per Carr-Hill formula weighted head of population.

1.5 The PCT set a number of principles for the review:

- There will be no overall increase or decrease in the funding available for PMS contractors subject to performance criteria being met at PMS practice level viz. a re-distribution model (other parts of London had sought financial savings from their reviews)
- Practices should prepare for the transition to any new commissioning arrangements – and there would be a transition period to manage the re-distribution of resources
- Equal access to primary medical care funding for all PMS contractors would be secured
- There would be a structure for primary care investment that reflects patients' health needs and helps to reduce health inequalities
- Consistent application of performance criteria

1.6 Local GPs were engaged in the process via four working groups - Full negotiating group, Benchmarking Group, KPI group and the Public Health Group.

2 The offer

2.1 The proposals set out a core services offer with an opportunity for practices to deliver a range of additional services through a suite of Key Performance Indicators (KPIs) related

[1] Guidance on non-GMS Contracting Arrangements 2006/07

to the health priorities of the PCT (improving access/reducing A&E attendances, improving uptake on primary care public health targets (immunisation levels), better long term condition targeted management, reducing emergency admissions for those with complex health needs and improving medicines use/compliance by better working with community pharmacy) The final contract variation documents that had been agreed with the Local Medical Committee (the GPs' representative body) were sent to practices on 29th June 2012. They were asked to respond no later than 29th July 2012.

2.2 The offer comprised:
£71.98 per Carr Hill weighted head of population for core services (providing a GMS contract baseline equivalent)
£20.52 max per Carr Hill weighted head of population for full delivery of KPI services
Transition would take place over one year
The range of loss and gain is between (£154,744) and £111,421
The % loss or gain of practices ranges between (33%) to 29%
22 practices had a reduction in income and 29 practices had a gain in income (if all KPIS are achieved

3 Uptake

3.1 All but two of the 51 practices across Sutton and Merton have signed up to deliver the revised contract. Payments to all signed up practices have been changed to reflect their contract revisions.

3.2 The two practices are Vineyard Hill and Wimbledon Village – both in Merton.

3.3 Vineyard Hill – we are planning a further discussion with the practice re transition

3.4 Wimbledon Village – we are still trying to arrange the meeting with the practice for them to discuss the contract.

3.5 The PCT position must be that these two contract holders accept the variations or they decide to exercise their contractual right to revert to a GMS contract. PCTs do have a contract Clause 100 sanction to terminate a PMS contract.

4 The future

4.1 All primary care contracts will transfer to the new NHS Commissioning Board (NHS CB) from 1 April 2013. There will be a South London Head of Primary Care in the NHS CB London Region. Whilst this will be fully operational from 1 April 2013, the plan is for the new system to work in shadow form from 7 January 2013. My colleague (currently in SE London) David Sturgeon will head the South London primary care function.

4.2 Dame Barbara Hakin (National Managing Director of Commissioning Development at the Department of Health (DH), has signalled to the NHS that the DH proposes to develop a national system of equitable "core" funding for primary care contracts. An extract from her letter is set out below:

Equitable 'core' funding

The Department proposes to invite the NHS Commissioning Board to take forward proposals that the BMA and NHS Employers have developed for phasing out the Minimum Practice Income Guarantee (MPIG) and achieving equitable 'core' funding.

This would involve calculating a single weighted capitation price, based on current average expenditure on 'global sum' payments, correction factor payments (under MPIG) and basic elements of PMS funding. GMS practices would then move over a seven-year period to that common capitation price. We understand that the NHS Commissioning Board, which will take over responsibility for PMS agreements on the abolition of PCTs, would wish to follow the same approach for PMS agreements, subject to consultation with the individual contractors involved.

This would mean moving in a controlled and phased way towards equitable funding for all GP practices, based on the numbers of patients they serve with an appropriate weighting for demographic factors that affect relative patient needs and practice workload. Given the work needed to prepare for these changes, these changes would begin from April 2014 and would not affect the 2013/14 contract.

The Department intends that these changes should include appropriate adjustments to the capitation formula to ensure that sufficient weight is given to deprivation factors.

4.3 The letter signals equitable core funding with 7 year transition for GMS to start from April 2014. GP national negotiators may be willing to consider this as part of negotiated settlement if it is modelled adequately. There is nothing on the table other than a declaration of intent. If there are changes that the NHS CB decides to implement, that would have to be addressed at the time. So this review of PMS may not be the final word

5 Conclusion

5.1 The PMS review is almost complete. All but two of the local practices (both Merton) have agreed contract variations. The PCT is handling the final two.

Neil Roberts
Director of Primary Care Contracting
NHS SW London

London Borough of Merton

CONSULTATION PAPER

FREEDOM PASSES for MENTAL HEALTH CUSTOMERS

1. Background

The Transport Act 2000 makes provision for individuals who are disabled to receive assistance with travel by obtaining a Freedom Pass; The Act details seven categories of disability as follows:

i) individuals who are blind or partially sighted;
ii) individuals who are profoundly deaf;
iii) individuals without speech;
iv) individuals who have a disability, or have suffered an injury, which has left them with a substantial and long term adverse effect on their ability to walk;
v) individuals who do not have arms or have a long term loss of the use of both arms;
vi) individuals who have a learning disability that is defined as 'a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning;
vii) individuals who, if they applied for the grant of a license to drive a motor vehicle under Part III of the Road Traffic Act 1988, would have their application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol.

Local Authorities are responsible for formulating their qualifying criteria in line with the Act and are responsible for providing Freedom Passes to those who are eligible and review whether they should be renewed every 5 years. Freedom Passes can be cancelled within the 5 year period by the council if the person no longer meets the criteria (as above).

In 2011, as part of a corporate savings programme, London Borough of Merton agreed to review its qualifying criteria and withdraw 'discretionary' Freedom Passes for mental health customers. These are passes that were issued by the council to customers who did not meet the criteria as above, but in recognition that mental health customers could benefit from free travel to get to appointments, attend day centres, groups, and community activities at specialist mental health resources. All new applications for a 'discretionary' passes were suspended from April 2011.

On the London Councils website it states that 'discretionary' Freedom Passes are now only issued by a few councils. The position in neighbouring boroughs is as follows;

Wandsworth - All 'discretionary' Freedom Passes withdrawn and all related information removed from the council website. Care Coordinators report that GP's have to provide evidence of an individual's disability and there needs to be proof that a driving license has been reviewed or revoked. Applicants are interviewed by a Disability Assessing Officer.

Kingston - Information about 'discretionary' Freedom Passes is on the council's website. Care Coordinators report that they are issued by the Borough provided that the individual is on enhanced care and is not driving a car.

Sutton - Information about 'discretionary' Freedom Passes is on the council's website. Severe mental disorder is one of their eligible categories. It states that there must be evidence of a refusal to obtain a driving license, or if an application for a driving license has

not been made, there must be evidence that a person is not medically fit to drive. Care Coordinators report that obtaining a Freedom Pass is very difficult.

Richmond - Information about 'discretionary' Freedom Passes is on the council's website. An individual has to be open to a CMHT. Care Coordinators report that very few Freedom Passes are issued to mental health customers.

2. The purpose of the Consultation

This consultation exercise is being progressed in order to:

- Inform mental health customers and carers why the council are making this decision.
- Identify the most appropriate way to implement the changes, including raising awareness of the alternatives available to mental health customers.
- Identify potential consequences for the customers as a result of the withdrawal of 'discretionary' Freedom Passes.

The process forms part of a refreshed Equalities Impact Assessment.

3. The case for change

- Service delivery to mental health customers now places much greater emphasis on clinicians seeing individuals in their own homes.

- Many mental health customers have access to disability benefits, in particular Disability Living Allowance, which has a mobility component. The award of the higher rate of mobility component of DLA is an automatic qualifying criteria for the award of a Freedom Pass.

- Personalisation, and Self Directed Support through personal budgets, encourages customers with mental health needs to become more independent and exercise greater choice and control over their recovery. In this context Freedom Passes support a level of dependency for customers with mental health needs.

- Alternative support for travel costs is available to mental health customers, as detailed in paragraph 6 below.

3a. Assistance for travel that will not be changed

- All mental health customers who meet the statutory disability criteria detailed in paragraph 1 above will be eligible for a Freedom Pass.
- All customers with mental health needs over the newly amended qualifying age will be eligible for a Freedom Pass. Individuals born on or after 6 April 1950 and 5 April 1955 will no longer be eligible on their 60th birthday (see attached pdf 'Freedom Pass Age Change November 2011').
- Those aged 60 and over and not qualifying until they reach the requisite age can apply to the Mayor of London's office for the newly announced 60+ London Oyster Photocard scheme, and those with a physical disability may be separately eligible.

.4. Engagement

Consultation with mental health customers and carers October 2012- December 2012 through;

- Merton Platform,
- Sutton and Merton Carers Panel
- Sutton and Merton Service-user Reference Group.
- Merton LINk
- Merton Council for Voluntary Services

5. Proposal for Review

All mental health customers with a Freedom Pass are invited for a review between January-March 2013.

6. What assistance will be available for customers with mental health needs?

All customers with mental health needs will be eligible for Concessionary travel by;

- TFL scheme; Oyster Bus and Tram Discount photocard. Criteria aged 18-60 and in receipt of Income Support, Employment and Support Allowance, or Jobseekers allowance for 13 weeks. Pay half of fares.
- TFL Student discounted fares.
- Disabled Persons railcard cost £20 reduces cost of fares by 1/3, plus travel for another person.
- Taxi cards- allocated number of journeys at a reduced cost.
- Short-term travel costs as part of a personal budget
- DWP- if people are seeking work, or are engaged in a training programme approved by the DWP

7. Timetable and Proposed implementation

Action	Who	when	by
Information/ briefing	**Merton Platform**	**9.10.2012**	**Deborah Wright/ Douglas Russell**
Consultation meeting	**Sutton and Merton Carers Panel**	**4.12.2012**	**Deborah Wright/ Douglas Russell**
Consultation meeting	**Merton SURG**	**1.11.2012**	**Deborah Wright/ Douglas Russell**
Information/briefing	**Merton LINK**	**By end of November 2012**	**Deborah Wright/ Douglas Russell**
Information/briefing	**Merton Council for Voluntary Services**	**By end of November 2012**	**Deborah Wright/ Douglas Russell**

8. Comments to Deborah Wright, or Douglas Russell by 31/12/12 December 2012.

9. References

- Transport Act 2000, Road Traffic Act 1991
- LBM Assisted Travel Policy

- LBM Self Directed Support policy
- Putting People First 2006
- Transforming Social Care 2010