1.) NHS Long Term Plan

There have been several documents released in relation to the future of the NHS and significant changes for primary care.

- *The NHS Long Term Plan*
  

- *Investment and Evolution: A Syear framework for GP contract reform to implement The NHS Long Term Plan*

  This is the full five-year framework for GP services as agreed between NHS England and the BMA General Practitioners Committee (GPC) in England
  

2.) PMS Review

In December 2018, the Committee were presented with a proposal that aligns the price per patient of the GMS and PMS contracts as mandated by NHS England by 2020/21.

Nationally the expectation was that following the PMS reviews the price per patient would be the same for both GMS and PMS practices by 2020/21. It is now apparent that this is unlikely due to a variation in predicted reinvestment levels. After 2020/21 the MPIG will no longer exist so all future uplifts across PMS and GMS will be the same. However, unless the two contracts weighted patient values are aligned the gap between the two contract types will remain.

The committee were given 2 options for consideration:

1. Undertake a further “PMS premium” exercise post 2020/21 once the final position is known, with a pace of change over several years to erode the difference between PMS and GMS
2. Withhold or part pay the 2020/21 uplift for PMS practices so that they are immediately re-aligned with GMS practices

It was recommended that the committee supported option 1 which they did in principle subject to further discussion with the LMC.
Since the Committee meeting in December, there have been further discussions with both the CCGs and LMC. A final letter was distributed to the PMS practices on 9th February 2019 (Appendix 1) explaining that actions would need to be taken to ensure parity with the GMS contract payments from 1st April 2020 which will be managed through the issue of a formal contract variation.

3.) **Dispensing Services Quality Scheme (DSQS)**

DSQS is an annual scheme that rewards Practices for providing high quality services to their dispensing patients. 6 GP Practices signed up to the scheme in 2018/19 and all successfully met the criteria.

<table>
<thead>
<tr>
<th>Code</th>
<th>Practice Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>B82106</td>
<td>Hackness Road Surgery</td>
</tr>
<tr>
<td>B82063</td>
<td>Ayton &amp; Snainton Medical Practice</td>
</tr>
<tr>
<td>B82037</td>
<td>Filey Surgery</td>
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<tr>
<td>B82011</td>
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<td>B82609</td>
<td>Ampleforth Surgery</td>
</tr>
<tr>
<td>B82054</td>
<td>Scarborough Medical Group</td>
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</tbody>
</table>

4.) **Changes to the Health Education England (HEE) GP Workforce Data Collection**

HEE are changing the way primary care workforce data is collected (see appendix 2). They have been working with the Department of Health and Social Care (DHSC), NHS England, NHS Digital as well as CCGs and local practices to ensure primary care workforce data is fit for purpose going forward. Following consultation, HEE has decided to support the implementation of the National Workforce Reporting System (NWRS), which takes the form of a Data Entry and Reporting module within the Primary Care Workforce Tool (PCWT), as the only platform for primary care workforce data collection. Therefore, access to the current HEE GP Tool will be removed from 1 January 2019.

5.) **Pharmacy Campaigns**

On 4 February, NHS England launched a ‘Pharmacy Advice’ campaign under the overarching brand ‘Help Us Help You’. The aim of the campaign is to encourage the public to use their local pharmacy as their first choice of healthcare setting for clinical advice for minor health concerns such as coughs, colds, tummy troubles and aches and pains. The campaign will help to further build the public’s trust and confidence in community pharmacists and the pharmacy team as providers of care, and ensure minor illnesses are effectively managed in the right place. The campaign materials which have also been distributed to GP Practices across England can found on the [PHE Campaign Resource Centre](#).
Dear Colleague

**Equitable funding between GMS and PMS contracts**

You may re-call that back in 2014 NHS England undertook a review of PMS contracts to determine the level of premium that was being paid when compared to GMS contracts. The approach that we took was aligned to the national guidance – Framework for PMS Contracts Review 2014 and based on our best estimations of growth on GMS contract funding. This approach was agreed locally with both LMCs and the CCGs, with the intention mitigating the immediate financial impact on the practices; managing the transition over time, rather than move practices straight to the GMS rate at the time and thereby increasing the practice PMS premiums that would be removed. Our assumptions at the time were predicated on differential increases being applied to GMS and PMS uplifts nationally. However as the level of the differentials applied to GMS payments have not been as high as we had been led to believe, it has been identified that, at current rates, GMS and PMS £ per patient are unlikely to be equitable as required by 31st March 2020.

We have been in discussions with both the local LMCs and the CCGs to make them aware of this issue and have started discussions with them around how we handle the matter. The purpose of this letter is to apprise you of the situation and set out our proposals to deliver parity from 1st April 2020.

The national requirements for the review was to extract the PMS Premium from contract payments and align PMS with GMS payments (£ per head for core services). Our local interpretation was to implement this through the pace of change arrangements with the PMS premium being removed by 31st March 2018 and for parity with GMS to be achieved from 1st April 2020. Our calculations were based on a predicted amount of £79.15 per head as a baseline.
To help illustrate this, I have included the original graph which was used within the review meetings to inform discussion.

NHS England- Yorkshire and Humber Finance team has recently completed a review of payments and are able to confirm that at the current rate, GMS will not achieve parity with PMS as planned. This was due largely to the impact of the application of the national contract uplifts to the PMS contracts as mandated by the national team.

Therefore, we will therefore need to act to ensure parity with the GMS contract payments from 1st April 2020. It is proposed that this will be managed through the issue of a formal contract variation (CV) to take effect from 1st April 2020. To help practices to plan and prepare for this, we will also be preparing a financial statement for the practice. The statement will schedule the estimated financial position for your practice. The CV and the statement will be finalised and sent out to you once the national contract agreement negotiations have been finalised and the financial settlement for 2019/20 is confirmed and received. This should help ensure that this statement is as accurate as possible albeit the 2020/21 uplift will still be estimated. A final statement will be issued as close as possible to April 2020 when the 2020/21 uplift is known and the financial gap can be calculated accurately.

I can confirm that in line with the earlier guidance issued under the Framework for PMS Contract Reviews, there is a clear understanding with both LMCs and CCGs, that the funding released from this review will be retained and reinvested in GP primary medical care services.

We recognise that this is not going to be welcome news to any practices and can ensure you that my team together with the CCG’s will be happy to work with you to understand the impact this will have on the practice.
Given that the majority of CCG’s now have delegated responsibility for the commissioning of primary care it will be for the individual committees to decide on how they manage the process. However it will not be possible for any CCG to continue to pay a differential rate to PMS practices from 1st April 2020.

I will be writing out to you again in the next few weeks to confirm the arrangements and the issue of the CV.

In the meantime, please do not hesitate to contact Chris Clarke: chris.clarke3@nhs.net or David Moore: david.moore7@nhs.net if you need further clarification.

Yours sincerely,

Geoff Day

Head of Co-Commissioning
NHS England – North (Yorkshire & Humber)
Dear Sir/Madam

CHANGES TO HEE GP WORKFORCE DATA COLLECTION

You have received this letter because as a CCG you work closely with practices that have accessed and updated workforce data on the Health Education England (HEE) GP Workforce tool in the last 12 months.

We are writing to let you know that HEE are changing the way we collect primary care workforce data. We have been working with the Department of Health and Social Care (DHSC), NHS England, NHS Digital as well as CCGs and local practices to ensure primary care workforce data is fit for purpose going forward. Following consultation, HEE has decided to support the implementation of the National Workforce Reporting System (NWRS), which takes the form of a Data Entry and Reporting module within the Primary Care Workforce Tool (PCWT), as the only platform for primary care workforce data collection. Therefore, we will be removing access to the current HEE GP Tool from 1 January 2019.

1. **Why are we changing?**

There are a number of reasons why we are moving towards collaborative working using a single tool, these include;

- Simplifying and streamlining the workforce data collection process. A consistent approach across all NHS bodies will enhance data quality.
- Eliminating the confusion around which NHS body collects the data and will stop submission duplication. This will reduce the burden on practices that currently submit data using both the PCWT and the HEE GP workforce tool.
- Provision of a single access point to a large and knowledgeable support team for all queries.
- Enabling HEE to support practices through evidence-based workforce planning within your CCG. We will continue to be able to ensure they have the right number of trained and skilled
staff for their practice now and in the future. We can suggest new ways of working, recommend new roles that would benefit your practices, and facilitate data comparison between CCGs and practices.

2. The Primary Care Workforce Tool/ National Workforce Reporting System

Many of you will have been familiar with the PCWT as practices have accessed it for a variety of reasons other than the workforce data submission. For those of you who have not used it, the PCWT was a 24/7, 365 days a year system like the HEE GP Tool, where practices can update their workforce information at any time via the link www.primarycare.nhs.uk.

From 1 July 2018, the workforce module within the PCWT was updated to become the NWRS Data Entry module. The NWRS collects the same data items and has the same functionality as the HEE GP tool. The NWRS extracts data captured about workforce, including absences and vacancies, and publishes these in a variety of methods to a number of stakeholders. Following a successful transition to the NWRS for practices using the HEE tool, HEE will be working with NHS Digital to enhance its features further. Developing an even better tool will enable us all, as workforce planners, to provide you with greater support in the future.

To ease transition to the NWRS, training materials are available using the following link: http://bit.ly/NWRS_Guidance_Docs Also, NHS Digital are setting up a series of webinars in late January / early February 2019, details of which will follow shortly. For more information, or if you require any further guidance on how to use the NWRS, please contact enquiries@nhsdigital.nhs.uk, quoting ‘NWRS’ in the title of the email.

3. What happens next?

Please note practices will not have to re-enter any data themselves and they will not lose any of the data they have entered onto HEE GP Tool.

All data will be securely transferred by HEE across to the NWRS, so you can be reassured that all these valuable data will be retained and used in analyses. Practices will however need to log into the NWRS, via the PCWT, and check their data are accurate. In the very unlikely event a practice sees any anomalies, however large or small, they should be directed to contact enquiries@nhsdigital.nhs.uk and include ‘NWRS’ in the title of the email and it will be investigated.

4. Timelines

✓ The HEE GP tool will be inaccessible from 1 January 2019 when all practices’ data will be transferred onto the PCWT.
✓ Practices will be able to access their data on the NWRS from 21 January 2019.
✓ By **31 March 2019**, all practices must have logged on to check they are happy with the data on the PCWT.
✓ On **1 April 2019**, data will be extracted by NHS Digital for standard reporting.

5. **CCG NWRS Access**

Although the NWRS Data Entry module is only available to GP practices, CCG staff will have full access to the NWRS Reporting module. This contains a suite of published, non-identifiable, GP workforce data supplied by GP practices.

Functionality includes:
- Ability to tailor reports based on staff group, staff role, gender, age group, etc.
- Access to data for each census back to September 2015.
- Downloadable charts and supporting data.
- Data quality reports to quickly, and easily, identify practices with data quality issues.

CCG staff who already have a PCWT account should automatically have access to the NWRS Reporting module. Further details about the NWRS, including how to gain access to it can be found on the NWRS webpage: [http://bit.ly/NWRS_Webpage](http://bit.ly/NWRS_Webpage).

6. **Central mailbox**

For any follow up question or queries, we have a central mailbox from which we can respond to all your workforce data questions. This is **WPINorth@hee.nhs.uk**. We will endeavour to respond as quickly as possible.

We understand you have put a lot of time and effort into the HEE GP tool and really appreciate all this hard work. We look forward to continuing to support your practices and enhancing existing relationships within your CCGs.

Kind regards

**John Stock**

Head of Workforce Planning