NHS
Lancashire and South Cumbria
Integrated Care Board

ICB Primary Care Commissioning Committee

Date of meeting	29 August 2024
Title of paper	Primary Medical Services Decision Making Matrix
Presented by	Peter Tinson, Director of Primary and Community Care
Author	Amy Lepiorz, Associate Director Primary Care
Agenda item	8
Confidential	No

Executive summary

The ICB holds over 1000 core primary care contracts, resulting in the need to make a significant number of contractual decisions.

The contractual requirements for all four contractor groups are underpinned by national legislation and contractual frameworks. In addition, NHS England publishes policy books to support commissioners in the interpretation of the legislation and to ensure consistency in approach to contractual and commissioning decisions.

As result of the legislation, national contract models and policy books the types of decisions that need to be made can be roughly split into three types - those where the commissioner has no discretion if due process has been followed; those where the commissioner has a degree of discretion but there is a clear policy to be followed (local or national); those where the commissioner has more flexibility in its decision making. A decision-making matrix and terms of reference were developed based on these principles to support the groups in safely and effectively discharging its duties.

The decision-making matrix for the primary medical services group has recently been reviewed and a change to the decision making matrix is being requested.

Advise, Assure or Alert

Advise the committee:
- Proposed changes have been considered by the group

Recommendations

The Primary Care Commissioning Committee is asked to:
- Approve the changes decision making matrix for the primary medical services group.

	Which Strategic Objective/s does the report contribute to	Tick
1	Improve quality, including safety, clinical outcomes, and patient experience	X
2	To equalise opportunities and clinical outcomes across the area	
3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	
4	Meet financial targets and deliver improved productivity	X
5	Meet national and locally determined performance standards and targets	X

6	To develop and implement ambitious, deliverable strategies	

Implications

	Yes	No	N/A	Comments
Associated risks			X	
Are associated risks detailed on the ICB Risk Register?			X	
Financial Implications			X	

Where paper has been discussed

Meeting	Date	Outcomes
Primary Medical Services Group	14 August 2024	Changes supported

Conflicts of interest associated with this report

Not applicable

Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed			X	
Equality impact assessment completed			X	
Data privacy impact assessment completed			X	

Report authorised by:	Craig Harris, Chief Operating Officer

ICB Primary Care Commissioning Committee – 29 August 2024

Primary Medical Services Decision Making Matrix

1. Introduction

1.1 This paper is seeking the Primary Care Commissioning Committee's approval for changes made to the decision making matrix for the primary medical services group.

2. Background

2.1 The ICB holds over 1000 core primary care contracts, resulting in the need to make a significant number of contractual decisions.

2.2 The contractual requirements for all four contractor groups are underpinned by national legislation and contractual frameworks. In addition, NHS England publishes policy books to support commissioners in the interpretation of the legislation and to ensure consistency in approach to contractual and commissioning decisions.

2.3 The ICB is also responsible for making decisions on capital investment in line with national legislation. This funding is primarily aimed at general practice and decisions on capital spend can often have contractual impacts and vice versa.

2.4 As result of the legislation, national contract models and policy books the types of decisions that need to be made can be roughly split into three types- those where the commissioner has no discretion if due process has been followed; those where the commissioner has a degree of discretion but there is a clear policy to be followed (local or national); those where the commissioner has more flexibility in its decision making.

3. Decision Making Matrix

3.1 A review of the decision making matrix for primary medical services group has taken place reviewing the relevant legislation, contracts, and policy books to categorise them into the three types.

3.2 As a reminder, for those decisions where the commissioner has no or very little discretion these are made by an officer of an agenda for change banding 8a or above.

3.3 For those decisions where the commissioner has more discretion but there is a clear policy to be followed or local perimeters have been developed, it is proposed that these decisions are made by the relevant group.

3.4 For those decisions where the commissioner has more flexibility in its decision making these will be made by the Committee.

3.5 Changes to the decision-making matrix are:

- Under “Decisions relating to Enhanced services”,
  - Primary Care Network Structures- it is recommended that this decision is made by the group where the proposed boundary aligns with the local Integrated Neighbourhood Team footprint. Where the footprint does not align this decision will be made by the Committee. To date the Committee have only made on decision, Milliom PCN, which would now be delegated to the group.
  - Changes to Enhanced Access Plans- it is recommended that this decision is made by the group as it is operational in nature with clear guidance in the Primary Care Network Directed Enhanced Service. The Committee to date have not made any decisions on this matter.

4. Recommendations

4.1 All reports The Primary Care Commissioning Committee is asked to:

- Approve the decision-making matrix for the primary medical services group

Amy Lepiorz

<u>August 2024</u>

Lancashire and South Cumbria Integrated Care Board

Appendix one

Area of Decision	Description	Delivery Assurance Manager	PMS group R-recommendation D-decision	PCC Committee	Policy handbook
Decisions in relation to Enhanced Services					
Primary Care Network structures	Changes to core practices, allocation of patients	X	D*	X	* where the proposed footprint aligns with the local INT footprint
Minor surgery funding	Payment rates for minor surgery	X	D	X	
Additional enhanced services decisions	Discretional payments outside of service spec, e.g. exceptional circumstances. Delegated financial limits apply	X	D	X	
Changes to Enhanced Access Plans	Should a PCN wish to change their enhanced access service plan from what has been previously agreed by the ICB. I.e. change in hours, clinic type, bases, provider	X	D	X	*Note - Place lead to undertake initial review of planned changes to ensure the service meets the requirements of the DES and makes initial recommendation to the PMS Group.*
Decisions in relation to Local Incentive Schemes					
Approval of contract content/funding	Approval of place funded Local Incentive Schemes to ensure consistency across the ICB.	X	R	D	
Decisions in relation to the establishment of new GP contracts and premises					

Sub Contracting of Clinical Matters	Sub-contracting of provisions within the core contract	X	D	X	Part B, section 14 Under the contract, the contractor has the right to serve a notice of sub-contracting at any time. Where a contractor does so, commissioners must act rapidly to undertake assurance of the proposals and (where appropriate) serve any notice of objection within a 28-day period. Identify the relevant primary medical services contract in place. Review terms re sub- contracting Refer to Annex B Check validity of sub- contracting notice as detailed in the Policy and Guidance Manual Criteria to be considered re notification of novel, contentious or repercussive proposals – notification to NHS England required. Assurance of the proposed sub contract – refer to Assurance framework in Policy and Guidance Manual and completion of full checklist
Procurement process	Decisions to be made within the process, including whether to procure or disperse a list	X	R	D	National guidance
Market Engagement		X	R	D	
Business case to proceed with procurement		X	R	D	

Approval of procurement evalaution strategy		X	R	D	
Approval of Recommended bidder report		X	R	D	
Contract award	Decisions to be made within the process	X	R	D	National guidance
Contract Extension	Decisions where approved contracts contracts contain provision to extend	X	D	X	Where approved contracts contain provision to extend beyond the original end date and prescribe the extension period the group can determine whether or not to exercsie the extension option
Contract Uplifts -Less than £100,000 and /or 10% of the orginal contract		X	D	X	Local Arrangement to ensure that small increases to contract values can be reviewed and approved by the group without esalation to the PCCC - Approvals limited to the delegated authority of the chair, and the chair must be present to approve. All approved increases confirmed to be within existing budgets and are affordable as part of the review and approval process.
Contract Uplifts -Greater than £100,000 and /or 10% of the orginal contract		X	R	D	

Open and closed lists	Application to close list	X	D	X	Section 5 and 7.13 Part B, section 5 and section 8.13 A contractor may wish to close its list to new registrations e.g., where there are internal capacity issues or premises refurbishments. The contractor must seek approval from the Commissioner by a written application (the "Application") before this may happen. **Considerations**: 21 days to consider the application what support the Commissioner may give the contractor changes the Commissioner or contractor may make.
Boundary Change	Changes to a practice boundary- increasing or decreasing	X	D	X	Section 7.14 Part B, section 8.14 There may be circumstances when a contractor wishes to change their main practice boundary to either expand or contract the practice area for new registrations due to new redevelopment, local authority compulsory purchase schemes and/or road developments Application from the contractor sets out reasons for change, details practice area **Considerations**: Impact on other practices and PCNs Patient access Need for patient engagement considered Financial implications of reducing/ expanding patient list
Changes to premises	including relocation, closure of branch surgery, opening new premises	X	R	D	Section 7.15 Supporting document Annex 14A 14B and 15

Opt outs	Opt out of out of hours	X	D	X	Section 7.16
Decisions about 'discretionary' payments					
Discretionary payments under Section 96 of the regulations	As read. Delegated financial limits to apply	X	D	X	Section 10
Applications from GP contractors for financial assistance	Usual towards Premises Running Costs and Service Charges- Delegated financial limits to apply	X	D	X	Section 12 Supporting documents Annex 2,2A,2Band 3
Outcome of tri-annual rent and rates reviews	Process, which may lead to a decision- Delegated financial limits to apply	X	D	X	Premises Directions 2013- Full title
Decisions in relation to the management of poorly performing GP practices					
Remedial notices and Breach notices	Agree to issue- after investigation of concerns	X	D	X	Section 1.2 Supporting documents Part C, section 1 Where the Commissioner considers that a breach has occurred there are a number of options on how to proceed . The Commissioner may : Take no action Agree on action with the contractor Issue a remedial notice Issue a breach notice Apply a contract sanction Terminate the contract **Considerations** : Need to demonstrate that the process for issuing contract notices has been followed as per the policy . including initial discussion with the contractor.

Contract Sanctions	Agree to issue- after investigation of concerns	X	X	D	Section 1.4 Supporting documents
Termination of contract	Agree to issue- after investigation of concerns	X	R	D	Section 1.5, 12.6 Supporting documents
Approval of practice mergers					

Contract Novations and Incorporation/Dis-incorporation	Conversion of a partnership to body corporate	X	D	X	Section 7.1 Supporting documents Annex 7 to 12 Part B, section 8.10 It is possible for individual GPs or partnerships holding a General Medical Services, Primary Medical Service (PMS) or Alternative Provider Medical Service contract to seek commissioner approval to operate and deliver services through a company limited by shares (called a "qualifying body" in PMS) - this process is known as "incorporation". A change from a single-handed or partnership contract to a limited company is a complete change of the identity of the contracting party, regardless of whether the company is owned and/or run by the original contractors. There is no right for a contractor to incorporate or dis-incorporate. They need agreement from the Commissioner, which does not have to be given **Considerations**: Reference to framework for reviewing Incorporation requests – requirements met Commissioner's obligations under procurement law Effect of the proposal on the statutory duties of the ICB re involvement duty Value of the contract Likely market interest explored Protection of core services in the contract Assured Continuity of patient care Extent of change to terms of the exiting contract considered Benefits to patients Sustainability Checks undertaken re Companies House Outstanding debt and whether novation conditional

					on repayment Current breach and remedial notices Current Care Quality Committee status

Practice Mergers and/or Contractual Mergers	Merging of one of more contracts	X	D	X	Section 7.11 Part B, section 8.11 A GP or partnership may hold more than one form of primary care contract with a Commissioner. This flexibility has enabled GP practices to come together in varying ways to provide support for each other, expand on the services available and/or resolve premises issues and achieve economies of scale, though each will have their own reasons for coming together. The overarching issues for the Commissioner to consider when any such proposal is made are the benefits to patients and the financial implications of the practice merger. **Considerations**: Patient Engagement Costs/ Value for money Quality Outcomes Framework payments Directions under the Standard Financial Entitlements Benefits to patients Access to single service Practice boundary considerations Consistent service for all patients Premises arrangements and accessibility Patient engagement Impact on patient choice
New or novel investments					
Approval of new or novel business cases	Investment in new schemes	X	R	D	New' - Investing funding (recurrent or non-recurrent) from either new funding or funding in budget that has been made available for investment. 'Novel' all non-mandatory dental/core orthodontic services schemes, or where specific patient groups

					are a focus for support, that have not previously been approved by the ICB.
Implementation of contract arising from approved new or novel business cases	Investment in new schemes	R	D	X	All PCCC approved schemes to be reviewed and approved for implementation by the dental group - this ensures all new contractual obligations are formally approved by the group and align with authorisation provided by PCCC