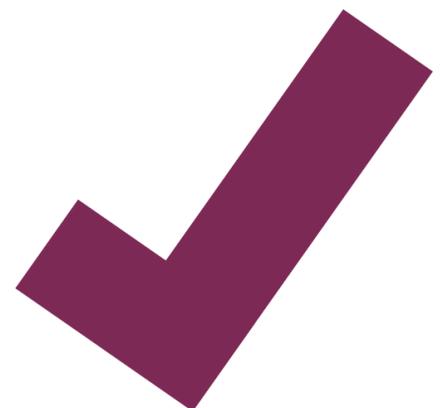


2018/19 Primary Care Commissioning Activity Report

Guidance notes for completion



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2018/19 Primary Care Commissioning Activity Report

Guidance notes for completion

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This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact england.primarycareops@nhs.net

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2018/19 Primary Care Commissioning Activity Report

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1 Introduction

The primary care commissioning activity report (PCAR) was introduced in 2016/17 to support greater assurance and oversight of NHS England's primary care commissioning responsibilities. It replaces what had often been variable and ad hoc requests for information with a more systematic approach.

It collects information on local commissioning activity regardless of the commissioning route (e.g. NHS England or CCGs with delegated authority)

This guidance covers the collection for the annual reporting period 1 April 2018 – 31st March 2019

The collection is now being managed through NHS Digital's strategic data collection service (SDCS) but continues to focus on key operational areas for commissioned general practice services¹ although this could extend to other primary care contractor groups in future years.

The key areas of interest for the 2018/19 reporting round include:

- Management of contractual performance
- Financial assistance to providers
- Procurement and expiry of contracts
- Availability of services, including closed lists.
- Assurance of policy compliance and implementation

2 Responsibility for completion

Regional teams (Director of Commissioning level) will be responsible for ensuring this report is completed but can determine the best approach most suitable for the local area.

There are two main approaches which can be discussed with delegated CCGs:

Option 1. Regional team and delegated CCGs complete. CCGs with delegated commissioning responsibilities in the DCO team area during the reporting period will need to complete the collection for themselves and the regional team completes the return in respect of any non-delegated CCGs. This approach could

¹ These are the services expected from all GP practices commissioned under General Medical Services, Personal Medical Services and Alternative Provider Medical Services contracts.

also include CCGs with joint commissioning responsibilities leading reporting if appropriate and agreed locally.

Option 2. Regional team completes. The regional team completes the return on behalf of all CCGs within the DCO area. The system will prevent CCGs, regardless of their co-commissioning function, from completing the return in order to avoid duplication.

2.1 Online Collection

This collection will now be run via the NHS Digital's Strategic Data Collection Service (SCDS), and **NOT** through UNIFY2 which covered previous collections.

The following web address will take you to the homepage:

<https://datacollection.sdcs.digital.nhs.uk/>

Each regional team and CCG responsible for reporting should have a nominated person(s) responsible for completing the report.

Existing users should be able to use their current username and password to [access the SCDS system](#) straight away.

New users will need to [apply to create an account](#)

Once you have an account, **all users will then need to request the PCAR collection be assigned to their account** by contacting data.collections@nhs.net.

All emails for this request will be managed as promptly as possible.

3 Reporting period

As with the previous collection, the reporting period will be an annual collection for the previous 12 months ending March 2019.

Regional teams and CCGs will therefore need to ensure they have appropriate ongoing local processes in place for capturing and recording the requested information.

Key dates for the 2018/19 collection are:

Reporting period (period of activity to be reported on)

01 April 2018 – 31 March 2019

Collection opens on SDCS

8th April 2019

Deadline for returns on SDCS

10th May 2019

4 Completion Guidance

Please ensure an answer is provided for every question, including nil returns using '0' value. Any answers left blank will jeopardise the validity of the collection.

Every effort has been made to ensure limit any changes with the previous collection in order to maintain consistency and establish data trends. However, guidance on questions and terminology should be reviewed as a matter of course before completing the return. A summary of where minor changes have been made is provided in the table below.

Key Changes To Template since 2018/19 Collection	
Question	Change
Equitable funding	No change
Procurement and expiry of contracts	Minor update
Availability of services	No change
Managing contractual underperformance	No change
Contractual notices	No change
Policy Assurance	Minor update

Prepopulated information on the number of General Practices is sourced from the ODS (Organisation Data Service) which relies on contacts within the parent Primary Care organisations to inform of updates and additions to GP Practices within a given area. This updating is carried out on an ongoing basis but discrepancies can occur if the

necessary information has not been provided. If you dispute the pre-generated figures provided by the ODS, please enter the figure you believe to be accurate.

Questions and terminology

The following is provided as a supplementary overview and explanation of the information requested.

4.1 Equitable funding

Discretionary payments made outside of standard (SFE) contracting agreements (Section 96 payments - sometimes referred to as discretionary payments or funding locally) are a provision in the NHS Act 2006, (transferred to NHS England under the Health and Social Care Act 2012), which provides the facility to support (including financially) GP practices outside of standard contractual arrangements.

When providing a value for this question please only consider payments during the reporting period that are not covered under standard arrangements as the intention is to measure only genuine discretionary spend by local commissioners.

Payments to exclude from value:

- Any payments to general practice under GMS, PMS or APMS contractual arrangements
- Any payments made to practices by CCGs under local commissioning arrangements
- Any section 96 payments made under the Vulnerable Practice Programme/General Practice Resilience Programme

In previous collections commissioners have incorrectly reported spending made via routine contractual enhanced services or PMS 'premiums'.

If you are unsure as to whether a payment should be included, contact the national team at: england.primarycareops@nhs.net

4.2 Procurement and expiry of contracts

This applies to any new procurement exercise for primary medical services which has completed in the reporting period.

This may take the form of the re-procurement of existing services due to:

- An expiring Alternative Provider Medical Services (APMS) contract
- Termination of a General Medical Services (GMS) or Personal Medical Services (PMS) contract

- Closure of a General Medical Services (GMS) or Personal Medical Services (PMS) contract

A procurement exercise may also be carried out for the procurement of new services to fill an identified need/gap.

Any appointments made should be recorded by provider type. A record should be kept of any exercise that did not appoint on the grounds that they failed to attract a bidder or the bids failed to meet set quality standards. This year we will also request the identity of the GP practice for any procurement exercises that failed to appoint.

4.3 Availability of services

This refers to the closure of patient lists and GP practices resulting in reduced access for patients.

- **Practice applying to close their patient list**

This seeks to identify all GP practices which applied to close their patient lists during the reporting period and the outcome of this.

If the same practice has sent through several requests within the reporting period, please record each separately.

It should also be recorded if the applications were approved and if so, if the patient list had reopened at the point of the end of the reporting period 31 March 2019.

The template will calculate the aggregate counts for the reporting period based on the individual practice details submitted.

- **Practice closures**

This seeks to identify the number of GP practices that have closed to new patients during the reporting period due to:

- A commissioner notice (notice from NHS England Regional team/CCG)
- A contractor notice (notice from provider)
- A merger (to be able to distinguish contractual closures)

For closures due to commissioner and contractual notice, it should be recorded if this led to a dispersal of the patient list (e.g. to neighbouring practices).

The template will calculate the aggregate counts for the reporting period based on the individual practice details submitted.

4.4 Managing contractual performance

- **Practices identified for review for contractual performance**

This question captures, at aggregate level, how many practices were identified for a contractual review during the reporting period and how many of those were completed.

Commissioners are responsible for overseeing the delivery of services in line with the contracts they hold. Contractual review can be risk based but, could be triggered as a result of data or local intelligence including for example, CQC pre inspection data or post inspection outcomes, complaints, clinical activity data held on the primary care web tool (PCWT) alongside any other local or national clinical data and the electronic declaration (E-dec), serious untoward incidents, performer concerns, friends and family test information. Commissioners may choose to select practices randomly

Not all reviews will require a practice visit but some face to face inspections are expected

- **Reviews that have been ‘completed’**

Proposed action towards practices identified for review that have been actioned in the reporting period. If a practice has been highlighted for review but this has not yet been actioned, this should not be counted here e.g. a practice visit to be scheduled but not undertaken in the reporting period.

4.5 Contractual Notices

The [Primary Medical Care Policy and Guidance Manual \(PGM\)](#) sets out the requirements for issuing contract breaches, sanctions and terminations. Commissioners are required to maintain accurate records when issuing contractual notices and this information will be collected via the annual PCAR collection.

Commissioners are asked to report:

- The total number of contractual breaches, sanctions and terminations issued in the reporting period.

The main or common theme that applied for issuing contractual notices, for example, failure to meet CQC standards (using the free text box).

Further information can be found in the PGM which can be accessed by typing the following URL in to your web browser.

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

4.6 Policy Assurance

Primary Care policies exist to support consistent and compliant commissioning and contract management of primary care, through which local commissioners can respond to local issues within a national framework.

Internal audit reports have highlighted concerns with compliance across a range of published primary care policies previously (performance reviews, issuing terminations and breaches, responding to performer concerns, managing provider entry etc.) and operational delivery must remain a priority for local commissioners. Inconsistent and non-compliant approaches jeopardise the quality of services delivered to patients and increases fiscal and legal risks to NHS England.

With a new Primary Medical Care Policy and Guidance Manual (PGM) published in March, local commissioners are asked to confirm their operating procedures have will be updated accordingly (and where not the reasons for this and plans to remedy).

To provide additional assurance in the case of NHS England's delegated functions, **delegated CCGs only**, are also asked to confirm their Primary Care Commissioning Committee have reviewed and considered the new PGM:

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

5 FAQs

- **Why do we need the information in this report?**

The report will provide assurance and oversight on the discharge of NHS England's direct commissioning responsibilities. We know that primary care is significantly under pressure. The PCAR will help us understand the impact this is having on practices, and give us information on the impact of the measures announced through the GPFV. It will also help to reduce the burden on regional teams and delegated CCGs to gather information for ad hoc requests (Freedom of Information requests, Health Select Committee hearings, questions from Ministers).

- **How do I register with NHS Digital' to complete the return?**

If you do not currently have access to NHS Digital's Strategic Data Collection Service please register for an account via the following link:

<https://login.hscic.gov.uk/Register.aspx?referrer=https%3a%2f%2fdatacollection.sdc.s.digital.nhs.uk%3a443%2fAccount%2fLogIn&version=4.>

- **Are there any tips on completing it?**

Teams should decide how and who is responsible for completing the return. Section 4, questions and terminology details what questions will be asked and what information will be required. Teams should ensure that this information is systematically collected, both within regional offices and CCGs (if option 1) as this

should help to make completion of the return quicker and easier. Ensure plenty of time is allocated to complete the return, to allow for the provision for any amendments before the closing date. If a team chooses option 1, a conversation should be held with all delegated CCGs within the DCO footprint prior to the collection opening, to ensure they are aware of their upcoming role and responsibility. At this point, regional teams should ensure that those delegated CCGs have registered for a NHS digital account.

- **How do I manage/delegate to a CCG(s)?**

At the start, a regional team will be required to select if they are responding on behalf of a whole DCO footprint, or only for non-delegated CCGs. If the second option is chosen, it will be the responsibility of all delegated CCGs to complete the return themselves. Each regional team is responsible for making all delegated CCGs aware ahead of each collection, which option they will choose. Regional teams and CCGs will be made aware of the timeline for each collection ahead of schedule.

- **What happens if I don't submit the return by the due date?**

Once the reporting period has ended, the collection will close. Any regional team or CCG who fails to provide a return within this timeframe will not be able to submit additional information until the next collection. Subsequent reports will be caveated to highlight this gap in the data collected.

- **Who do I contact if I have any queries?**

For any queries relating to the completion of the report, please contact england.primarycareops@nhs.net