



NHS England policies and procedures for primary medical services

AUGUST 2013

PCC was commissioned by NHS England to develop a comprehensive suite of policies and procedures for the future management of all four primary care contractor groups. All policies have been developed in line with current regulations and legislation. Electronic copies of all policies and procedures can be found on the [NHS England website](#)

NHS England's legal name remains the NHS Commissioning Board as set out in their establishment orders. Whilst the NHS Commissioning Board will be known as NHS England in everything that they do, there are times when the statutory name is required for legal and contractual transactions. The following list provides some key examples of legal documentation which requires us to use our full legal name:

- HR contract of employment
- Any documentation involving a court of law, ie litigation claims
- Contracts for directly commissioned services.

For ease of reference NHS England is the generic term used throughout this briefing

This briefing summarises the policies and procedures to support the primary medical contractor area, all of which come under gateway reference 00013(s).

1. Assurance

This section includes the primary medical services assurance framework and supporting guidance to support area teams to take a fair, consistent and proportionate approach to assurance management:

- Assurance framework

This policy outlines the approach to be taken by NHS England when managing primary medical care contracts to ensure compliance with quality standards. Securing excellence details the core principles that underpin the operating model for area teams in their interaction with contractors and this policy recognises that early engagement with local medical committee's presents the best opportunity to support practices in making effective and sustainable changes to facilitate service improvement should this be found to be appropriate and necessary.

The policy recognises that in a model for improvement, data provides only one part of a large picture and used in isolation presents not only risk, but unfair anxiety amongst those providing services or those responsible for oversight of the delivery of those services. Therefore, data must be used alongside other intelligence that is both factual and accurate to gain a full understanding of any potential risk to quality and patient safety.

- Guidance to support delivery of the primary medical care assurance framework

This guidance provides an outline for assessing general practice through the normal contractual framework (eg personal medical services (PMS), general medical services (GMS) or alternative provider medical services (APMS)) and through a suite of general practice high level indicators. It sets out an approach to working with GP contractors and provides a guide to managing these where there is a potential or actual breach of contract.

2. Contractual management

This section includes the policies for management of contractual variations, the end of time limited contracts and the regulatory processes that should be followed when considering the application of breach notices, contractual sanctions or when managing a termination of primary medical care contracts. Each policy provides example templates which may be used to support robust management of the necessary processes.

- Managing contract breaches, sanctions and terminations

This policy aims to provide area teams with the processes to be undertaken to ensure a consistent approach is taken when a contract is considered to have been breached and when either contractual party are seeking to move to terminate the contract. This policy also includes the key considerations that must be given as a result of a termination notice particularly in respect of management of registered patients and safe and confidential handling of patient identifiable information and records.

- Managing regulatory and contract variations

This policy describes the process to determine any contract variation, whether by mutual agreement or required by regulatory amendments, to ensure that any changes reflect and comply with national regulations so as to maintain robust contracts. Covered within this policy is information on:

- changes to contracting parties
- retirement of a contractor
- 24 hour retirement
- partnership splits
- practice mergers.

- Managing the end of time limited contracts

There are times when a time limited contract/agreement is required/preferable and for each contracting route, there are a range of issues that would need to be considered when that contract is due to reach its natural end. This policy aims to outline the consistent and proportionate approach to be taken by area teams when a time-limited medical services contract is coming to an end and includes a timescale for management of consultation, re-commissioning or procurements leading up to the natural end date of a contract.

- Managing a PMS contractors right to a GMS contract

This policy outlines the approach to be taken when a personal medical services (PMS) agreement holder exercises their right to a general medical services (GMS) contract in accordance with the PMS regulations 2004. While it is entirely possible for a primary medical services contractor to hold more than one form of contract, this policy details the

arrangements for implementing a 'right to return' to GMS, resulting in the termination of the PMS agreement.

3. Operational

This section includes policies for the fair, consistent and proportionate management of some of the most common operational matters arising in respect of primary medical care contracts. Each policy provides example templates which may be used to support robust management of the necessary processes

- Branch closure

This guidance outlines the principles and provides detail of the steps required to process a branch closure across all primary medical care contracting routes and also provides example template application forms and communications.

- Closed lists

This policy sets out the processes to be implemented when managing list closure applications and extension to closure. It provides example template application forms and communications to support the management of these processes

- Death of a contractor

This policy outlines the procedures set out in regulations to be implemented following the death of a contractor in respect of primary medical services contracts and considers the actions to be addressed on termination of contract following the death of a single handed contractor.

- List inflation

This policy outlines routine and targeted list maintenance processes to ensure that list variation does not exceed a nationally defined threshold for all general practices.

- Patient assignment

This policy sets out the processes that need to be in place in respect of patient assignment to practice lists. It provides information regarding the grounds for practice refusal to register a new patient and potential difficulties that may arise following removal from a practice list along with the procedures to be followed in the event that patient assignment to a practice list is required.

- Dispute resolution

This policy describes the action required when a contractor has requested to follow the dispute resolution process in relation to a decision that has been made or effected against their contract to deliver primary medical services.

4. Joint

Joint policies are those which cover two or more of the primary care contract areas, namely medical, dental, eye care and pharmaceutical services.

Joint policies have been developed for the following:

- Alerts
- Managing individual performance
- National performers lists
- Force majeure.

A separate briefing for joint policies has been developed.