

## Questionnaire

# Primary Medical Care (PMC) Policy Book Update

To ensure that we effectively and appropriately support our local offices, and CCGs undertaking Primary Care Commissioning through delegation agreements, we are seeking your views and priorities (through this short questionnaire) on which chapters from your perspective are most in need of a refresh / revision.

Also, we are seeking to introduce new chapters which best support commissioners in the changing commissioning landscape and improve the policy book to include chapters covering existing or emerging issues not currently addressed.

We will use the information from this short questionnaire to inform and prioritise the work of this programme and will engage with you on the development of each chapter.

Should you wish to be involved in the refresh and development of any specific chapter, please provide your contact details in the comments section for that chapter.

CURRENT CHAPTERS		Upd Requ		By When		
Chapter 1	Introduction	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 2	Abbreviations and Acronyms	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 3	Co-Commissioning Described	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 4	General Duties of NHS England	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 5	Which Medical Contract When?	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 6	Contract Variations	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 7	Contract Breaches And Termination	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						

CURRENT	CHAPTERS	Upd Requ			By When	
Chapter 8	Managing a PMS Contractor's Right to a GMS Contract	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 9	Managing Patient Lists	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 10	Adverse Events	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 11	Managing Disputes	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 12	Death of a Contractor	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 13	Practice Closedown (Planned / Scheduled)	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						

PROPOSEI	NEW CHAPTERS	Relev Requ		By When		
Chapter 14	Termination of PMS Agreements	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 15	Unplanned / Sudden Closure	YES	NO	Mar-	During 17/18	Mar- 18
Comments:						
Chapter 16	Responding to CQC Inspection Outcomes (Inadequate / Special Measures)	YES	NO	Mar-	During 17/18	Mar- 18
Comments:						
Chapter 17	Responding to Loss of CQC Registration	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 18	Litigation, Prosecutions and Inquests - Writing Statements	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 19	Patient Removal - Violence or threat of violence	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 20	Tackling Health Inequalities	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						

PROPOSEI	NEW CHAPTERS	Relev Requ		By When		
Chapter 21	Working with Multispecialty Community Provider (MCP) Contracts	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 22	Contract Mergers - Partnerships to Limited Companies	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 23	CQC Registration - Roles and Responsibilities	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 24	Temporary suspension to patient registration	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 25	Registration of residents of private hospitals	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 26	Safeguarding Children - Managing Registration	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						
Chapter 27	Working with and through devolution	YES	NO	Mar- 17	During 17/18	Mar- 18
Comments:						

PLEASE PROVIDE ANY ADDITIONAL THOUGHTS / COMMENTS (INC. ADDITONAL CHAPTERS / ISSUES NOT CURRENTLY LISTED) WHICH YOU FEEL WOULD BETTER SUPPORT YOU IN COMMISSIONING, ASSURING OR CONTRACTING MANAGING PRIMARY MEDICAL SERVICES

Additional Information:					

Name:			
Local Office / CCG:			
Contact Email:			
Contact Number:			

Optional (please provide contact details should you wish to be further involved in this work)