

# 2016/17 PMS Premium Investment Plan

<Insert CCG Name Here>

# PMS Premium Investment Plan

*<Insert CCG name here>*

## Contents

Contents .....	2
1 Introduction .....	3
2 Summary of Spend .....	4
3 Supporting information .....	5
3.1 Scheme 1 (please add as appropriate, one per scheme) .....	5
4 Authorisation .....	6

# 1 Introduction

The purpose of this plan is to detail the CCGs use of the PMS Premium investment available in 2016/17.

In accordance with the national framework (copy below) the investment must:

- reflect joint strategic plans for primary care that have been agreed with the relevant CCG(s);
- secure services or outcomes that go beyond what is expected of core general practice;
- help reduce health inequalities;
- offer equality of opportunity for GP practices in each locality (i.e. if one or more practices in a given locality are offered the opportunity to earn extra funding for providing an extended range of services or meeting enhanced quality requirements, other practices in that locality capable of providing those services or meeting those requirements should have the same opportunity);
- support fairer distribution of funding at a locality level.

It is also important that any funding changes are managed in a way that does not risk destabilising general practice with clear principles set out as part of the PMS review framework.

This plan assumes that approval has been obtained by the CCGs Primary Care Committee (for Delegated CCGs) and Joint Primary Care Committee (for Non Delegated CCGs). Non delegated CCGs will also require Locality Director sign off.

Please complete a table per scheme.

- PMS Contract Review National Framework



pms-review-guidance  
-sept14.pdf

## 2 Summary of Spend

(Please summarise all schemes – additional information required overleaf)

Scheme Number	Scheme Name	Recurrent/ Non Recurrent	Amount £
		Total	

## 3 Supporting information

### 3.1 Scheme 1 (please add as appropriate, one per scheme)

<b>Scheme Description:</b>
<b>Anticipated Outcomes:</b> <i>Please detail how this supports the principles for investment within the national framework</i>
<b>Measurables:</b>
<b>Risks:</b>
<b>Equality Impact Screening</b> Does the scheme have any consequences in terms of creation of any barriers or problems or exclusion of any groups in terms of age, disability, ethnicity, gender, religion/belief, sexual orientation or socio economic?  If yes please complete equality impact assessment
<b>Quality Impact Screening</b> Does the scheme have any negative consequences in terms of patient safety, experience or clinical effectiveness?  If yes in please complete a Quality Impact Assessment
<b>Conflicts of Interest</b> Have any conflicts of interest been identified in relation to this scheme?  If yes, please provide details of how this will be managed.

## 4 Authorisation

Approved by CCG CFO:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date approved at  
Primary Care Committee/Joint Primary Care Committee:

Minutes: *(Please embed the minutes here)*

Approved Locality Director: (Non Delegated CCGs only)

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_