

**2016/17 Primary Care
Commissioning Activity Report**

Guidance notes for completion



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1 Introduction

The primary care commissioning activity report (PCAR) is a newly introduced bi-annual collection to support greater assurance and oversight of NHS England's primary care commissioning responsibilities, and inform the strategic direction for general practice. It seeks to replace what have often been variable and ad hoc requests for information with a more systematic approach.

The report which is being managed through UNIFY2 focuses on key operational areas for commissioned general practice services¹ although this could be extended to other primary care contractor groups in future years. It seeks to collect information on local commissioning activity regardless of the commissioning route (e.g. NHS England or CCGs with delegated authority).

The key areas of interest for the 2016/17 reporting round include:

- Management of contractual underperformance
- Management of contract disputes
- Financial assistance to providers
- Procurement and expiry of contracts
- Availability of services, including closed lists.

Information gathered from this report will be used to support national oversight using the aggregated results, highlighting variation across local geographies and supporting review against our operational policies e.g. management of GP list closures and underperformance etc. It will also support more efficient management of Freedom of Information requests limiting the ad hoc burdens through planned bi-annual publication of the information collected and moving to a rolling 12 month reports produced bi-annually from October 2016.

2 Responsibility for completion

Local teams (Director of Commissioning level) 'hold the ring' on ensuring this report is completed but have the option on the approach to do this in a way that is most suitable for the local area.

¹ The core services commissioned from all GP practices under General Medical Services, Personal Medical Services and Alternative Provider Medical Services contracts.

There are two options on completion which should be decided on by local teams in discussion with CCGs:

Option 1. Local team and delegated CCGs complete. CCGs with delegated commissioning responsibilities in the DCO team area will need to complete the collection for themselves and the local team completes the return in respect of all other directly commissioned GP services i.e. for all non-delegated CCGs in the local team area. This approach could also include CCGs with joint commissioning responsibilities leading reporting if appropriate and agreed locally. If this is a team's preferred option, they must ensure they hold correct and up to date information for all CCGs within their geography

Option 2. Local team completes. The local team completes the return for the DCO area as a whole, not by individual CCG. The system will prevent CCGs, regardless of their co-commissioning function, from completing the return in order to avoid duplication. If this is a team's preferred option, they must ensure they hold correct and up to date information for all CCGs within their geography.

2.1 Online Collection

The collection will be made via UNIFY2, an online collection system used for collating, sharing and reporting NHS and social care data.

Each local 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 system](#).

New users will need to [apply for a username and password](#). To access the UNIFY2 system, users need an N3 connection.

Those without an N3 connection can apply for one through the [N3 website](#).

Local primary care teams (NHS England and CCGs) will need to decide whether to complete this directly or through their local assurances teams who will already have access to and experience of UNIFY2.

3 Reporting period

Reporting will be on a bi-annual (twice yearly) basis starting in October 2016.

Local teams and CCGs will therefore need to ensure they have appropriate local processes in place for capturing and recording the requested information. It is recognised some information will need to be applied retrospectively in respect of the first collection.

3.1 Key dates are:

Reporting periods (period of activity to be reported on)

1st April – 31st August

1st September – 31st March

Period for returns (period when local teams and CCGs will need to completed returns on Unify2)

1st – 30th September

1st – 30th April

3.2 Planned report publications

31 October 2016 (reporting on first 6 months of 2016/17)

30 May 2017 (aggregating returns from the first report to report on 2016/17)

Reporting period	Submission opens	Submission closes	Report due
1 April – 31 August	1 September	30 September	31 October
1 September – 31 March	1 April	30 April	30 May

3.3 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.

4 Questions and terminology

NHS England ran a proof of concept for this collection and reporting in 2015/16 with all local teams participating. Feedback was clear a number of the questions included caused confusion and/or had led to varied interpretation in responses and therefore data reported. We have worked to improve clarity on the information requested and the following guidance is to be read in conjunction with the report. The following therefore is provided to give further insight and explanation of the information requested.

1. Managing contractual underperformance

- **Practices identified for review for contractual underperformance**

'Review' includes any local identification process to substantiate a need for managing contractual performance such as practice visit from the local team or further risk assessment.

- **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.

2. Managing disputes

- **Stage 1 – Local Dispute Resolution**

This applies to any instance when NHS England ceases all action in relation to a contractor's decision to dispute one or more decisions made against its contract or agreement and invites and considers supporting evidence in relation to the matter under dispute. The matter will be resolved in a local meeting by either NHS England continuing with the contract sanction or by the contractor ceasing to pursue the NHS dispute resolution procedure or court proceedings.

- **Stage 2- NHS Dispute Resolution**

This applies to a written request for dispute resolution submitted to the secretary of state (FHSAU process) by a local team/contract holder following Stage 1.

3. Equitable funding

- **Section 96 Support and Assistance**

This applies to any instance of financial assistance or support to a contractor using these specific statutory powers provided under the Health and Social Care Act 2012.

These will be specific and objectively justified payments to a contractor that are not provided for under the contract and will relate to exceptional instances (for example, financial support for an uninsured loss or event which might otherwise jeopardise continuing delivery of services due to contractors financial position and ability to recover). Do not include MPIG or PMS premium funding here.

4. Procurement and expiry of contracts

This applies to any new procurement exercise for primary medical services undertaken in the last 6 months.

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 during this exercise should be recorded by provider type. A record should be kept of any exercise that failed to appoint on to the grounds that they failed to meet set quality standards.

5. 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 applies to the number of applications from a GP practices asking to close their patient lists that have been received in the last 6 months. If the same practice has sent through several requests within the last 6 months, please only count this as one. It should also be recorded how many of these applications have been approved in the last 6 months.

• Practices operating with a closed list

This applies to any GP practices in your area that are currently operating with closed patient lists. Please include the practice codes for any GP practices operating with closed lists.

• Practice closures

This applies to the number of GP practices that have closed during the last 6 months due to:

- A commissioner notice (notice from NHS England local team/CCG)
- A contractor notice (notice from provider)

• GP Patient List Validation

Has any additional activity been undertaken in the last 6 months to ensure that practice lists in your area are up to date e.g. only include registered patients? Please note that this is any separate activity to GP list maintenance carried out by PCS.

6. Patient and public engagement

- **13Q legal duty to involve the public**

The NHS England Board has agreed a 13Q assessment process, whereby teams assess whether the duty to involve applies to commissioning decisions, using a short form. Form and guidance can be found [here](#). The inclusion of this information will allow for an annual audit and assurance on activity and practice.

5 FAQs

- **Is completion of this report a requirement?**

The report will provide assurance and oversight on the discharge of NHS England's direct commissioning responsibilities. This information will help to highlight any potential issues arising as well as help to reduce the burden on local teams to gather information for ad hoc requests (Freedom of Information requests, Health Select Committee hearings, questions from Ministers).

- **How do I register with Unify2 to complete the return?**

If you do not currently have access to Unify2, please register for an account via the following link: <http://bit.ly/28Ptc9F>. Please allow 3 days for your account to be set up.

- **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 local 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, local teams should ensure that those delegated CCGs have registered for a Unify2 account.

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

At the start, a team will be required to select if they are responding on behalf of the whole DCO footprint (option 2), or only the non-delegated CCGs in their DCO footprint. If option 2 is chosen, the ability for CCGs to add to/complete the return will be removed. If a local team chooses option 1, it will be the responsibility of all delegated CCGs in the DCO footprint to log into Unify2 and complete the return themselves. Each local team is responsible for making all delegated CCGs within their DCO footprint aware ahead of each collection, which option they will choose. Local 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 local 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.

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- **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