MINI BULLETIN – 12 September 2023

This document sets out how **Integrated Care Boards (ICBs) can commission local enhanced services through Primary Medical Care contracts.**

## Background

When NHS England became responsible for commissioning primary medical services in 2013, it retained the ability of former Primary Care Trusts to commission local enhanced services through General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts.

In this context, local enhanced services were defined as the services outside of national GP contracts, providing a wider range of higher quality primary medical services to meet local population needs and priorities.

However, with the intention that all local commissioning decisions would sit with Clinical Commissioning Groups (CCGs), NHS England set out in [guidance](https://emea01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwebarchive.nationalarchives.gov.uk%2Fukgwa%2F20121205091934%2Fhttp%3A%2Fwww.commissioningboard.nhs.uk%2Ffiles%2F2012%2F03%2Ffact-enhanced-serv.pdf&data=05%7C01%7C%7C9f785df65b86445b7f9e08dbb37a7f59%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638301110937749425%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=OuKynpUrtzU9zTN4yMk19E8tnsQBG0jIEL9djeUDHSk%3D&reserved=0) how it would not commission local enhanced services and that it would be for CCGs to commission a wide range of community-based services, including from General Practice, using NHS standard contracts.

Additionally, CCGs did not have direct powers to pay for improvements in the quality of services provided under GP contracts, although NHS England introduced, through its co-commissioning programme, increasing opportunities for CCGs to design and pay for incentives for improvements in the quality of primary medical care services (local incentive schemes).

## New commissioning arrangements

Integrated Care Boards (ICBs) have had delegated responsibility for commissioning primary medical services under GP contracts since 1 July 2022, carrying over many of the delegated responsibilities that applied to Clinical Commissioning Groups.

The new delegation agreement introduced takes account of NHS England’s ambition to delegate more of its direct commissioning functions than simply Primary Medical Care.

However, the delegation agreement has incorporated an amendment that makes clear ICBs delegated Primary Medical Care responsibilities now include decisions on local enhanced services and local incentive schemes.

This change essentially repatriates the GP contracting and local commissioning responsibilities that existed with Primary Care Trusts prior to NHS England.

## Integrated Care Board commissioning of local enhanced services

Integrated Care Boards (ICBs) will have inherited from Clinical Commissioning Groups (CCGs) a range of local enhanced services commissioned from General Practice under NHS standard contracts. ICBs remain free to carry those contracts over in to 2023/24 and to continue to enter into such contracts with GP providers as it requires.

However, ICBs are also now free to make arrangements for the provision of local enhanced services through contractual variation of existing Primary Medical Care contracts (General Medical Services, Personal Medical Services and Alternative Provider Medical Services) [1].

[1] While Primary Medical Services contract regulations do not require an enhanced service schedule to be included in contracts, NHS England’s standard GMS contract and PMS agreement all include an enhanced service section which allows the details of such services and relevant specifications to be included, where the parties agree that the contractor is going to provide such services. APMS contracts can include enhanced services in the main service specification or could equally introduce a new enhanced service schedule.

This should mean a simplification for both ICBs and GP providers in agreeing and incorporating local enhanced services as these will now be provided and governed by GP Practices Core Primary Medical Services contracts.

Like CCGs, ICBs will still need to decide whether local enhanced services could be delivered by a number of potential providers (which may include GP providers) or whether they could only be provided by GP providers. ICBs will also need to decide how to arrange those services with those providers with regard to relevant rules that may apply. At the time of publication current procurement rules apply and should be followed, but a new set of rules (NHS provider selection regime) is expected to be introduced.

For services that can be delivered by a number of potential providers, ICBs will still need to decide whether to undertake a tender exercise to identify a single provider (or limited group of providers) or whether to allow patients to choose from a range of qualified providers.

For local enhanced services for which there are no other possible providers, for instance because they require list-based Primary Medical Care, or for services of a minimal value, ICBs will be able to arrange these services directly via agreed contract variation.

## Conclusion

In conclusion, Integrated Care Boards (ICBs) may commission local enhanced services from General Practice and this may be arranged using the GP contract as the contracting vehicle rather than the NHS standard contract.

The rules around determining whether services are best delivered by practices or other providers have not changed.

ICBs will continue to ensure that the services they commission from general practice deliver the best quality and outcomes for patients, provide value for money, give patients choice wherever appropriate, and adhere to rules as may apply in deciding who should provide those services.

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# Urgent GP direct access to diagnostic services for people with symptoms not meeting the threshold for an urgent suspected cancer referral.

General Practice Teams are currently able to directly access tests for patients in several imaging modalities, including ultrasound, X-ray, computerised tomography (CT) and magnetic resonance imaging (MRI).

However, variability in testing capacity and access to a convenient mechanism to refer for an imaging test directly has limited GPs’ use of direct referral in some areas of the country.

NHS England is working to open Community Diagnostic Centres (CDCs) seven days a week so that they provide up to 9 million tests a year by the end of 2024/25. By combining this increase in diagnostic capacity, with existing diagnostic resources, we will ensure GPs have increased and swifter access to more diagnostic imaging tests and patients will be receive diagnoses sooner.

We recognise that systems are facing workforce challenges. NHS England is supporting systems to mitigate those challenges as far as possible by creating opportunities to optimise the existing workforce now while also growing the workforce over time.

We are providing funding to ensure that each CDC has the right workforce in place and supporting systems to make the most of CDCs and diagnostic networks as opportunities for upskilling and cross-boundary working. We are also working to ensure that GPs have digital tools to conveniently refer to appropriate diagnostic tests at local testing centres, and we are enhancing digital connectivity across the NHS to enable results to flow more seamlessly.

## A phased approach

The increase in use of direct access tests will be phased.

The first phase launched in November 2022 and requires an increase in the use of specific direct access tests for adults who have concerning symptoms, but **do not** meet the threshold for referral to a specialist or for urgent direct access testing under Cancer recognition and referral guidance (NG12).

Currently [over 20% of cancer diagnoses are made in people referred for investigation on non-urgent pathways](https://emea01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdigital.nhs.uk%2Fdata-and-information%2Fpublications%2Fstatistical%2Froutes-to-diagnosis%2F2018&data=05%7C01%7C%7C9f785df65b86445b7f9e08dbb37a7f59%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638301110937749425%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=H5gAyo6MrPtxLdwiex3d9u2vOe80m0xhmUulb553moM%3D&reserved=0) – often because their symptoms did not indicate a significant risk of malignancy.

Our aims in phase one are to reduce:

* The time it takes for adults who have concerning symptoms but do not meet the criteria for urgent suspected cancer referral to receive a diagnosis.
* the number of GP and specialist attendances before investigations are requested for these patients.

These aims support the implementation of the [NHS Long Term Plan ambition](https://emea01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.longtermplan.nhs.uk%2F&data=05%7C01%7C%7C9f785df65b86445b7f9e08dbb37a7f59%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638301110937749425%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=EhavGTnNp7hVQwwoFE3P3DmCdlpM64opPgvG9GpFy10%3D&reserved=0) for 75% of people with Cancer to be diagnosed at an early stage (stage 1 or 2) by 2028, and the [elective recovery ambition for 95% of patients needing a diagnostic test to receive it within six weeks by 2025](https://emea01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fcoronavirus%2Fpublication%2Fdelivery-plan-for-tackling-the-covid-19-backlog-of-elective-care%2F&data=05%7C01%7C%7C9f785df65b86445b7f9e08dbb37a7f59%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638301110937749425%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Jc76zr2Mavj7bYQVfZxUFkCaxpeCKmiANwxTROwrevk%3D&reserved=0).

We have developed a set of data metrics to monitor progress against these aims and measure outcomes. Regular diagnostics data hub collections will enable us to monitor rates of GP direct access uptake by integrated care system (ICS) and region.

Phase Two is intended to begin later in 2023 and will support systems to make a wider range of direct access tests available, including Spirometry and Fractional Exhaled Nitric Oxide (FeNO) which will help enable faster diagnosis of Asthma, Chronic Respiratory conditions (including Chronic Obstructive Pulmonary Disease) and Cardiovascular Diseases.

**Home adaptation funding**

# £50 million pounds has been allocated to Local Authorities to help older people and those with disabilities to live safely and independently in their own homes.

# Delivered jointly by the Department of Health and Social Care and the Department for Levelling Up, Housing and Communities, eligible disabled people of all ages will be able to apply to their Local Authority for a [Grant](https://emea01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpcc-cic.us5.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfe51aa41404cfb64f7d454491%26id%3Dc8674bf013%26e%3D9be2819f9a&data=05%7C01%7C%7C9f785df65b86445b7f9e08dbb37a7f59%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638301110937749425%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=OiCRxqEib02EP3t2cHbPb2jOWdJPkjpta4HTPzp1x6g%3D&reserved=0) to adapt their home to better meet their needs.