

3 February 2011

To:
All Chief Executives of Primary Care Trusts in England

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Cc:
All Directors of Finance of Primary Care Trusts in England
All Chief Executives of Strategic Health Authorities in England
Strategic Health Authority Primary Care Leads

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Gateway reference: 15419

Dear Colleague,

Equitable Access Programme: Primary Medical Care Services

1. In 2008-09, the previous Government initiated the 'Equitable Access' programme with the aim of improving access to primary medical care. This entailed commissioning of 'GP health centres' by all PCTs, and the commissioning of over 100 new GP practices across 50 PCTs.
2. This letter sets out:
 - the proposed future responsibility for the contracts that PCTs have entered into for these new services
 - the arrangements for 2011/12 allocations for those PCTs who commissioned new GP practices under the programme.

Future responsibility for contracts for GP health centres

3. In 2008/09, each PCT was asked to commission at least one GP health centre in their area, open 8am to 8pm, 7 days a week. These new services had to combine an 'open access' element, i.e. enabling any member of the public to access primary care services (for either urgent or routine needs) at the centres; and a registered patient element, i.e. offering patients the option of registering with the service and using it as their GP practice.
4. PCTs commissioned these services through competitive procurements, using time-limited APMS contracts. PCTs had flexibility to determine the contract duration, but we understand that the typical contract length was five years.
5. Subject to the passage of the Health and Social Care Bill, the NHS Commissioning Board will in future be responsible for commissioning primary medical care services, and GP consortia will be responsible for primary care services for non-registered patients, such as urgent care and GP Out of Hours services. Because the contracts for GP health centres include provision for registered patients, and because it would not be practicable to separate out

the 'open access' element of the contract from the registered patient element, PCTs are asked to plan on the basis that:

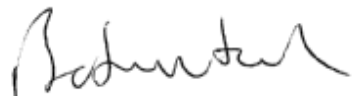
- the NHS Commissioning Board will take over (from April 2013 at the latest) the responsibility for contracts for GP health centres. In other words, GP consortia would not inherit the contractual liabilities for these services
 - the only possible exception might be where centres have no registered patients, or very small registered lists that might more appropriately be transferred to other primary care providers, so that responsibility for commissioning the 'open access' service could be transferred to GP consortia. This might be an appropriate option where PCTs and emerging consortia have plans to convert the service into part of their 24/7 urgent care arrangements
 - where the Board inherits contractual responsibility for these services, it would have the flexibility to delegate to consortia some aspects of the responsibility for managing contracts, as with the management of other primary medical care contracts
 - this would be a transitional solution until current contracts expire. In the run-up to contract expiry, we would envisage that the Board would evaluate the case for re-commissioning list-based services for registered patients (or, alternatively, make arrangements for registered patients to transfer to other GP practices), whilst GP consortia would decide whether to re-commission the 'open access' element – or any other element – of the service
 - where health centres provide health improvement services that are within the future scope of local authorities' responsibilities, the Board would also need to agree appropriate transitional arrangements with the local authorities concerned
6. In the meantime, PCTs remain responsible for contractual arrangements with GP health centre providers and for securing best value from the investment made, working in partnership with emerging GP consortia and with service providers.

2011/12 funding for new GP practices

7. Those PCTs that commissioned new GP practices in deprived areas under the 'Equitable Access' programme will receive non-recurrent additions to their baseline for 2011/12. The addition will be £1.1 million for each new practice that is open to new patient registrations as of April 2011. This funding will form part of the baseline for the future primary care budget for the NHS Commissioning Board.
8. Where a practice has been commissioned but has yet to open, pro-rata funding will be allocated following the opening of the practice to patients.

9. These PCTs will be asked to provide, via SHA Primary Care Leads, a quarterly report setting out:
- details on the growth of the practice (new registrations, increases in staffing, any new services being delivered as part of the contract etc)
 - confirmation that the practice remains open to new registrations
 - any issues of concern about the new provision that has been commissioned.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Barbara Hakin', written in a cursive style.

Dame Barbara Hakin
National Managing Director of Commissioning Development