

The Development of the Options

The original full list of potential options that were initially identified by the stakeholder workshop is:

- Do nothing – stop the review and continue with the contract without procuring.
- Renew the contract for the branch with no changes.
- End the contract for the branch.
- Renew the APMS contract for the branch at the same terms and conditions and with the same costs as the GMS contract.
- Merge the contract for the branch with another APMS branch and at the same terms and conditions and with the same costs as the GMS contract.
- Renew the contract for the branch with updated terms and conditions and costs that reflect the needs of the area.
- Merge the contract for the branch with another APMS branch with updated terms and conditions and costs that reflect the needs of the area.
- Renew the contract for the branch, but on a different type of GP service contract.
- Merge the contract for the branch with another practice with a non-APMS contract.
- Renew the contract for the branch but with additional requirements that mean the branch has to offer more services for more patients.

However, some of these options aren't really viable options at all and were ruled out by the group.

- Do nothing – stop the review and continue with the contract without procuring.

Legally the CCG must review these contracts and then re-procure any contracts it decides to renew. For this reason, this option was ruled out.

- Renew the APMS contract for the branch at the same terms and conditions and with the same costs as the GMS contract.
- Merge the contract for the branch with another APMS branch and at the same terms and conditions and with the same costs as the GMS contract.

The challenge of running these practices under a GMS contract was one of the reasons that the APMS contract was introduced for these practices. The current providers of the services were clear that they still wouldn't be able to deliver the same level of service they currently offer under a GMS contract as the GMS contract pays less per patient than an APMS contract (for more information on the differences between the two types of contract, including costs, please see our website).

The CCG is clear that whilst we want to contracts to fair and equitable, the local flexibility of the APMS contracts offer us an opportunity to commission to meet the needs of local areas. This helps us to achieve our vision of the future.

For both these reasons, these two options were ruled out.

- Renew the contract for the branch, but on a different type of GP service contract.

Under the rules set by the Department of Health and NHS England, the CCG can't change the type of contract. We can only commission an APMS practice on an APMS contract, and not on any of the alternative types of contract.

For this reason, this option was ruled out.

- Merge the contract for the branch with another practice with a non-APMS contract.

Again, under the rules set, the CCG cannot do this. The practices themselves can, with the necessary CCG permission, request to merge, but each of the branch sites under the merger must meet the requirements of the contract they are signed up to.

For this reason, this option was ruled out.

This left 5 options:

- Renew the contract for the branch with no changes.
- End the contract for the branch.
- Renew the contract for the branch with updated terms and conditions and costs that reflect the needs of the area.
- Merge the contract for the branch with another APMS branch with updated terms and conditions and costs that reflect the needs of the area.
- Renew the contract for the branch but with additional requirements that mean the branch has to offer more services for more patients.