Alternative Provider Medical Services (APMS) Guidance

1. LHBs are under a duty to secure the provision of primary medical services, to “the extent that they consider it necessary to meet all reasonable requirements” of their populations. LHBs have three different routes for discharging that duty: GMS, LHBMS and APMS. The new contracting routes offer opportunities for LHBs to think strategically and plan new and innovative ways of delivering services that are responsive to local need.

2. This guidance should also be read in conjunction with Delivering Investment in General Practice.

APMS

3. APMS in particular offers substantial opportunities for the restructuring of services to offer greater patient choice, improved access and greater responsiveness to the specific needs of the community. It will provide a valuable tool to address need in areas of historic under-provision, enable re-provision of services where practices opt out, and improve access in areas with problems with GP recruitment and retention.

4. LHBs can enter APMS contracts with any individual or organisation that meets the provider conditions set out in the Directions. This includes the independent sector, voluntary sector, not-for-profit organisations, NHS Trusts, other LHBs, Foundation Trusts, or even GMS practices. If LHBs contract with GMS practices via APMS, the practice would hold a separate APMS contract alongside their GMS contract.

5. The LHB will want to ensure that it has transparent, non-discriminatory procedures in place for selecting a contractor, in order to encourage competition.

Contracting for APMS

6. In setting APMS contracts, LHBs will need to ensure that the contracts reflect the directions attached. There is, however, substantial freedom for LHBs to develop APMS contracts to best meet local need; the focus is on innovation whilst ensuring that core NHS values are fully protected and secured. When setting APMS contracts, LHBs should consider the following:

- Service specifications. These could include links to the Quality and Outcomes Framework standards.
- Price of contract. This is to be negotiated locally between LHB and provider; there are no statutory entitlements.
- List arrangements. The LHB must establish and maintain a registered list of patients to be held on behalf of the contractor, and have systems in place for
registration and removal of patients from the list, in the case of essential services.

- Performance monitoring and reporting arrangements. When stipulating quality standards to be adhered to, it is up to the LHB to negotiate a method for monitoring adherence to these standards.
- Termination and sanctions in respect of contracts. APMS contracts must stipulate the circumstances in which sanctions, up to and including termination of the contract, may be imposed, and the procedure by which they may be terminated.
- Subcontracting arrangements. The LHB has discretion to negotiate arrangements under which subcontracting will be allowed, if at all, with the contractor. Directions stipulate certain circumstances in which subcontracting will not be allowed.
- Complaints procedure. The LHB has discretion to negotiate a complaints procedure with the contractor, until regulations are made (by the summer) to establish a common complaints procedure which will cover all primary care contracting routes.
- Dispute resolution procedure for organisations without NHS body status. The LHB has freedom to negotiate an appropriate dispute resolution process to be stipulated in the contract. It is recommended that the LHB considers including non-binding independent arbitration or adjudication procedures.
- Provision of information. The LHB will want to inform, and keep informed, the APMS contractor of where its patients can receive any complementary services commissioned by the LHB which the APMS contractor does not provide.

Further Guidance

7. Guidance will be issued later in the Spring on arrangements for the supply of medicines in relation to out-of-hours services and further guidance to expand on:
- IT and QOF arrangements, and
- dispensing arrangements.