Health and Social Care Committee

Correspondence with NHS England regarding Capita:

• Letter from the Chair of the Committee to Simon Stevens, Chief Executive of NHS England, dated 9 November 2017
• Letter from Emily Lawson, National Director: Transformation & Corporate Operations of NHS England, dated 19 December 2017
• Letter from the Chair of the Committee to Emily Lawson, National Director: Transformation and Corporate Operations of NHS England, dated 4 April 2018
• Letter from Emily Lawson, National Director: Transformation & Corporate Operations of NHS England to the Chair of the Committee dated 18 May 2018
From Dr Sarah Wollaston MP, Chair

Simon Stevens  
Chief Executive, NHS England  

9 November 2017

Dear Simon,

I understand from correspondence I have received that concerns have been raised about the outsourcing of NHS General Practitioner pensions management to the private provider ‘Capita’ by NHS England.

There have been suggestions of widespread discontent amongst GPs that, more than 18 months after taking over Primary Care Support England (PCSE), problems with the service run by Capita are continuing to cause destabilisation to General Practice across England.

I am sure that you are aware that in a letter to NHS England published in October, Derby and Derbyshire LMC warned that patients were being put at risk by delays in transferring records, undermining practices’ ability to guarantee patient safety and data protection. According to the letter, delays and errors with vital payments are threatening trusts’ cashflows, while mishandling of pension payments is damaging the work and morale of GPs.

The BMA General Practitioner Council Chair Dr Richard Vautrey has stated that improvement had been promised repeatedly from Capita after repeated demands from the BMA, but has ultimately failed to materialise. He claimed, “LMCs are receiving daily complaints about practices getting the wrong payments, or no payment, and spending an inordinate amount of time chasing payment.”

I would be grateful if you could let me know what assessment NHS England has made of the concerns which have been raised surrounding the outsourcing of GP pensions, and whether, following new developments such as the letter from the above LMCs, your assessment of the efficacy of this process has changed.

I would expect the Committee to wish to publish your response.

Yours sincerely,

[Signature]

Dr Sarah Wollaston MP  
Chair of the Committee
Dear Sarah

Thank you for your letter of 9th November about Primary Care Services England (PCSE) that have been raised by Derby and Derbyshire LMC and the BMA. Simon has asked me to respond as the relevant national director.

We agree that there have been real challenges as these services transferred from disparate local offices to new sites and as PCSE worked through the early stages of the change programme. Despite that challenging start, services have improved during 2017. We have seen this demonstrated through improvements in performance levels and customer satisfaction, as measured by PCSE’s six-monthly survey which goes out to a large cohort of service users. The latest results show that satisfaction has almost doubled since December 2016 across the primary care contractor group. However, we are not complacent and are very aware that there are further improvements to be made for GPs. NHS England and Capita are committed to delivering them as a priority.

Your letter covers three main areas of Primary Care Support and we have outlined some information on these areas below.

1. Medical Records

The medical records service reported 91.3% of records were delivered to the new practice within 12 days of collection from the previous practice during October 2017. The courier service has been enhanced by adding additional routes and larger vehicles to enable a regular weekly collection and delivery service across England. PCSE is also in the process of rolling out a new records movement service to all practices nationally. This improved service results in greater information governance compliance with scanning on collection and delivery, providing traceability and tracking of medical records.

The introduction and phased roll-out of the solution is progressing well and is expected to complete in line with our agreed plans, bringing the benefits that NHS England has set out and that GP representative bodies have supported.

It should be noted that medical records movement is dependent on practices releasing records following a deduction. Whilst PCSE will make the request for release, it cannot guarantee its release. Additionally, a number of medical records remain located at NHS England third party storage locations. These third party providers have disparate
arrangements for recalling records and inconsistent inventory information which can cause delays in accessing the records they hold
PCSE have been able to identify practices that are not releasing medical records in a timely manner and this month, have started working with these practices to ensure that the records are identified, released and delivered to the correct new practice. The transit labels will be delivered in phases in line with a timetable that has been discussed with BMA representatives. PCSE will be introducing weekly email alerts in 2018 to remind practices to release records following a patient deduction.

We have been made aware of a small number of incidents when the labels for record movements have not been delivered as expected. We are assured by PCSE that these have all been investigated and corrective action undertaken.

2. Pensions

We are aware of concerns relating to the administration of GP pensions.

Historically, not all GPs have been aware of the requirement to send annual pension documentation to NHS England or its predecessor bodies. We are working with the Pensions Agency to determine how best to address these historical issues, provide clearer information to GPs about their pension documentation, and support for GPs to make sure they can manage their pensions in a timely way.

PCSE are still reviewing a volume of queries relating to payments and pensions. PCSE have informed us that this exercise should be completed by March 2018. There may be some individual pension actions held within this volume.

PCSE processed all annual certificates relating to 2015/16, which were received by the cut-off date and were able to be validated, in line with national timescales. Certificates relating to 2015/16 and prior years continue to be received by PCSE and are being processed.

PCSE have confirmed that they now issue receipts and acknowledgements for all pension payments where the payee has supplied a valid registered email address.

3. Payments

We are aware that some practices have been experiencing difficulties with the payments transactions managed by PCSE. This is one of the final areas to complete recovery actions. PCSE has committed to a service improvement programme that will improve the service in the following areas:

• Query management – PCSE have created a standalone team that will focus on all queries relating to payments and pensions. They have commenced further recruitment and system improvements to allow them to deal with queries in an acceptable time frame by February

• Centralisation of key payment and pension activities – PCSE are centralising payment processing at their new GP Payments and Pensions facility in Blackburn. This is to improve standardisation and control. The movement of services to this new centre was completed during August and September.

I hope this update provides you with the assurance that progress is being made and all
parties are continuing to work hard on resolving the outstanding issues. However, if you have any further queries or questions, we are very happy to meet to discuss these.

Yours sincerely

Emily Lawson
National Director: Transformation & Corporate Operations
From Dr Sarah Wollaston MP, Chair

Emily Lawson, National Director: Transformation and Corporate Operations

Dear Ms Lawson,

Thank you for your letter on 19 December in which you helpfully outlined progress that had been made to address concerns about Capita’s delivery of NHS England’s primary care support services, Primary Care Support England (PCSE).

I am afraid that further concerns about Capita’s performance have been brought to our attention concerning payments to GP training practices, management of performer lists and patient registrations. I am writing to ask whether NHS England is also aware of these problems and what, if any, steps are being taken to address them, along with an update on progress since my last letter.

**GP training practices**
We have been informed of reports that GP training practices in non-lead employer areas are not receiving their training grants and trainee pay reimbursements, which PCSE is contracted to provide. We understand that this has resulted in some trainees not being paid on time or being paid significantly less than they should have, while other practices have had to make up these payment shortfalls from their existing resources.

**Management of the performers list**
We have received reports of mistakes being made by PCSE updating the local performers list. We have been told that this has resulted in:
- delays in adding trainees to the list
- some GPs being temporarily unable to work; and
- some practices continuing to have superannuation payments taken for doctors no longer working at their practices.
We have also been informed of a case where a trainee was added to the performers list without having the necessary qualifications.

**Patient registrations**
Processing new patient registrations electronically should take place within 3 days. However, we have heard reports that due to faults with this process, there have been regular delays. We would welcome clarification regarding the number of patients being processed within the approved three-day period, and whether improvements are being made.
Update on progress
I would also be grateful for an update from NHS England on the progress that has been made to address the problems with medical records, pensions and payments outlined in our previous correspondence.

Yours sincerely,

[Signature]

Dr Sarah Wollaston MP
Chair of the Committee
Dear Dr Wollaston,

Thank you for your letter dated 4th April 2018.

We are aware of the issues you raise and working with Capita and other stakeholders to address these problems.

NHS England is committed to improving the ways of working between all parties involved, to ensure these important services are consistently delivered to the standards customers need and expect.

I would like to respond to the specific points raised in your letter.

**GP training practices**

The responsibility for paying the salaries of trainee GPs, in non-lead employer areas, sits with their training practice. Therefore, Primary Care Support England (PCSE) cannot control the payment or under-payment of salaries to individual GP trainees.

PCSE is responsible for the payment of the training grant and reimbursement of the salary paid to the trainees. PCSE provide this service in Thames Valley, part of Wessex, the Yorkshire and Humber area and also reimburse the training grant in some lead employer areas.

The most recent cohort of GP trainees joined their training practices in February 2018. Salary reimbursements can only be processed after Health Education England (HEE) confirm to PCSE the approved list of GP trainees in each area. Each training practice also needs to submit a claim for each trainee to confirm the salary for which they are requesting reimbursement. Once PCSE has both pieces of information they are authorised to make the payment to the practice.

PCSE did not receive all necessary information from HEE or the training practices to enable reimbursements to be made to all practices at the end of February 2018. Therefore, some practices have experienced delays in receiving the payments. PCSE continue to work with HEE to secure the required information. We have also run a series of roadshows for GP Practices to explain the process.

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At the time of writing, PCSE has received 216 claim forms relating to the February 2018 intake, of which 151 claims have been processed. In addition: 37 claims are being processed now; 28 claims cannot currently be processed as either the salary details have not been provided or the practice or trainee does not appear on the approved Health Education England list.

Management of the performers list

PCSE is responsible for administering the National Performers List on behalf of NHS England. Each year there are approximately 8,000 requests to join the list and a further 15,000 changes to those already on the list. GP trainees commencing placements do not submit the normal Performers List application form. Instead, Health Education England provides NHS England with details of the intake of GP trainees. NHS England reviews this information and authorises PCSE to add the approved GP trainees to the Performers List.

PCSE has processed all applications from the recent trainee cohorts where they have received all necessary information. There are around 15% of new applications waiting to complete. These either require approval for inclusion or are waiting for missing information.

Changes to the Performers List should normally be made within two weeks of receiving the necessary information. Some changes also necessitate a subsequent adjustment to be made to the GP practice’s superannuation contributions. PCSE aims to make these adjustments within 4 weeks to be reflected in the practice payment the following month.

There have been issues with the speed of the Performers List processes. In terms of PCSE this has been largely addressed. Although, the processes are complex, involve several organisations and are reliant on information from third parties. Therefore, there can be delays on individual applications while information or decisions are sought.

The National Performers List is important to the quality and safety of primary care services. This is a priority area and there is focus on further improving the quality and timeliness of the Performers List processes. In addition to extra quality checks which have been implemented by PCSE, further validation checks of the performers list are being carried out. We are also reviewing the governance arrangements for this service to ensure greater clinical oversight and stronger accountability mechanisms for the end to end service.

Patient registrations

Progress has been made in relation to improving new patient registrations. However, there was a technical issue at the end of February that temporarily interrupted the automated transfer of patient registration data. This was quickly resolved but, unfortunately, it is likely to have delayed the processing of around 20,000 registrations by a few days, out of the 500,000 registrations that are typically received each month.

There can be issues with individual patient registrations where acknowledgement messages are not received by local practice systems. This can lead to confusion over whether a new patient registration has been accepted or not. This service is currently dependent upon out-dated IT infrastructure which requires replacement. NHS Digital has
been commissioned to build a replacement patient registration system which is expected to go-live in 2019.

In addition, you asked for an update on progress in relation to two further primary care support service areas.

**GP Payments and Pensions**

We are aware of some concerns around the administration of GP pensions. These are connected to both historical and current issues. NHS England is working with the NHS Pensions Agency and PCSE to assess and address these issues. This will include a communications campaign to increase GPs’ understanding of the correct payment and pensions processes to follow. There will also be improved access for practices to a new online contact form that captures all required information. This will speed up the process for progressing payment and pension requests as well as resolving queries.

**Medical records**

PCSE is responsible for moving around 6 million paper medical records when patients register with new GP practices each year. A new records movement process has now been introduced for all practices. To ensure patient confidentiality, records are sealed individually in tamper proof bags for movement between practices. Additional safety is built in with location of records monitored using track and trace technology.

We continue to work very closely with PCSE to ensure improvements in all of the services provided and I hope the above gives you some idea of the ongoing efforts by all involved. If I can be of any further help please do not hesitate to contact me.

Yours sincerely

Emily Lawson

*National Director: Transformation and Corporate Operations*