



Data Provision Notice

Primary Medical Care Commissioning Activity Report (PCAR)

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Background

The Health and Social Care Act 2012 (the Act) gives NHS England statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care.

The data, as specified by NHS England in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide the data in the form and manner specified below.

Purpose

The primary medical care commissioning activity report (PCAR) was introduced in 2016/17 to support greater assurance and oversight of NHS England's primary medical care commissioning responsibilities. It replaced what had often been variable and ad hoc requests for information with a more systematic approach.

NHS England has a statutory obligation to keep collections under review on an ongoing basis. As such a review date must be set at which point NHS England will review the continuing need for this collection.

Benefits

This collection allows national and regional reports to be annually prepared describing commissioning activity and performance and so governance of the discharge of NHS England's direct commissioning responsibilities for the population and to highlight potential issues arising.

PCAR has been essential in:

- Reducing the burden of freedom of information requests (FOI) on local commissioners: it supports more efficient management of FOI requests limiting the ad hoc burdens to local commissioners and central staff.
- Addressing concerns arising from the Audit and Risk Assurance Committee (ARAC) and internal audit around the lack of central oversight of primary care commissioning.
- Providing supporting evidence on the state of general practice.

Legal basis for collection

NHS England has been directed by the Secretary of State for Health and Social Care under section 254 of the Health and Social Care Act 2012; to establish and operate a system for the collection and analysis of the information specified for this service. The direction is published on the NHS England website: <https://digital.nhs.uk/about-nhs-digital/corporateinformation-and-documents/directions-and-data-provision-notice/secretary-of-state-directions/the-migration-and-continued-operation-of-the-unify2-collections-through-the-strategic-data-collections-service-direction-2017>.

This information is required by NHS England under section 259(1)(a) of the Health and Social Care Act 2012.

In line with section 259(5) of the Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of an NHS England duty under section 259(8).

Form and manner of the collection

Data is collected from all organisations in scope: Integrated Care Boards: data will be collected and submitted by Integrated Care Boards (ICBs) as they have delegated primary medical care commissioning responsibilities. for the following areas: managing contractual underperformance (number of contract reviews, contract breaches, sanctions and terminations); procurement activity and expiry of contracts; availability of services (number of closed GP patient lists, GP practice closures).

Each submitting organisation will collate the data items below, on a controlled MS Excel template and upload this to the Strategic Data Collection Service online submission platform annually.

	General
	How many GP practices (providers of essential primary medical services via all commissioning routes) were there as of the 1 April 2023 within your local commissioning area?
1	Procurement and expiry of contracts (including via Provider Selection Regime – see guidance)
1.1	How many completed procurement exercises were undertaken for primary medical services during the reporting period?
1.2	How many of these were:
1.2a	Re-procurement of existing services
	Expiring APMS
	GMS/PMS Termination
	GMS/PMS Closure
1.2b	Procurement of new services to fill identified need or gap
1.3	How many of the total procurement exercises (question 1.1) were:
1.3a	Existing GP practice
	Commercial provider
	GP Federation
	Local NHS Trust
	Other
1.3b	Failed to appoint (quality grounds)

1.3c	Failed to attract a bidder
1.3d	Failed to appoint (other)
2	Availability of services
	Closed GP patient lists
2.1	Enter practices which have requested to close their lists between 1st April 2023 and 31 March 2024
2.2	How many practice applications to close patient lists were received during the reporting period?
2.3	How many applications to close patients' lists were approved during the reporting period
2.4	How many GP practices were operating as of 31st March 2024 with a closed patient list?
	GP practice closures
2.5	Enter practices ¹ which have closed during the reporting period.
2.6	How many patient lists have been dispersed as a result of these closures?
2.7	How many patients were dispersed in total as a result of these closures?
3	Managing Contractual Reviews

3.1	How many practices were identified for a contractual review during the reporting period?
3.2	How many of these contractual reviews were completed during the reporting period?
3.3	Proportion of ICB practices identified for contractual review
3.4	Proportion of identified contractual reviews completed
4	Contractual Notices
4.1a	How many remedial notices have been issued during the reporting period?
4.1b	If there was a main or common theme for these remedial notices, please provide brief details below
4.1 (c)	On how many occasions, if any, were there any payments withheld or monies deducted from GP Practices in respect of the remedial notices reported at 4.1 (a)?
4.2a	How many breach notices have been issued during the reporting period?

¹ Practice name and ODS code captured via link in the Excel template
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4.2b	If there was a main or common theme for these breach notices, please provide brief details below
4.2 (c)	On how many occasions, if any, were there any payments withheld or monies deducted from GP practices in respect of the breach notices reported at 4.2 (a) ?
4.3a	How many termination notices have been issued during the reporting period?
4.3b	If there was a main or common theme for these termination notices, please provide brief details below
4.4 (a)	Where a right of termination existed during the reporting period, how many contractual sanctions were applied during the reporting period instead of issuing a termination notice?
4.4 (b)	Of those contractual sanctions, how many concerned withholding payment to contractors?
4.4 (c)	Of those contractual sanctions, how many concerned withholding reciprocal (non payment) obligations to contractors?
5	Incorporation Requests
5.1	In the reporting period, how many requests has the commissioner received from GP practices to incorporate as a limited company?
5.2	Of those cases decided on during the reporting period how many were:
5.2a	approved?
5.2b	rejected?
5.3	In addition, for all requests received during the reporting period how many were to establish a limited company that operates at a Primary Care Network (or greater) footprint?
5.4	For all incorporation requests to establish at a Primary Care Network level (or greater) does the commissioner engage the NHS England regional team as part of its decision making process?

Period of the collection

Data is collected annually. Information regarding the submission timetable and supporting documentation is published here: <https://digital.nhs.uk/data-and-information/data-collectionsand-data-sets/data-collections/primary-care-commissioning-activity-report-pcar>

Burden of the collection

Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2)(a) of the Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection. In support of its obligation under 265(3) of the Act, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the Data Governance Assurance and Testing Service (DGAT) which assures burden assessment evidence as part of the overarching Data Alliance Board (DAB) approval process. The DAB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

Assessed costs

The associated burden of the data collection is:

Burden on providers	£17,106	Year 1 costs (including set up costs)
Burden on providers	£11,778	Year 2 and ongoing annual costs