

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 29th October 2019

Time: 9.00am – 10:45am

Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda Number :	9
Title:	Governing Body Quarterly Report
Purpose: Decision	
Key Points for Discussion:	
To provide a summary of the second quarter of the Primary Care Commissioning Committee's activities and decisions in 2019/2020 to the Governing Body and to ensure the full commissioning pathway is presented to Governing Body.	
Recommendations:	Recognise the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarter two 2019/20 Propose the Governing Body receives the report to support its own work plan and decision making.
Previously Considered By and feedback :	
Management of Declared Interest:	Conflicts of Interest are managed at each meeting of the Committee.
Risk and Assurance:	The summary of risks scoring 15 and above affecting primary care was shared with the Committee at the September meeting as set out in this report to Governing Body.
Financial / Resource Implications:	<ul style="list-style-type: none"> Note that at Month 6, delegated primary care budgets are reporting a forecast deficit of £68K

	<ul style="list-style-type: none"> Note that this forecast out-turn assumes £0.7m of additional funding from NHSE Note the presentation of a five-year financial plan to PCCC, and the on-going work to refine this
Legal, Policy and Regulatory Requirements:	Non applicable
How does this reduce Health Inequalities:	Equality Impact Assessments completed for APMS contracts, mergers and primary care strategy
How does this impact on Equality & diversity	Equality Impact Assessments completed for APMS contracts, mergers and primary care strategy
Patient and Public Involvement:	<p>An engagement and communications plan in relation to the future of Bishopston and Northville APMS contracts has been enacted</p> <p>The refresh of the primary care strategy has been underpinned by an engagement plan including Patient and Public Involvement.</p>
Communications and Engagement:	<p>An engagement and communications plan in relation to the future of Bishopston and Northville APMS contracts has been enacted.</p> <p>The refresh of the primary care strategy has been underpinned by an engagement plan including Patient and Public Involvement.</p>
Author(s):	David Moss, Head of Primary Care Contracts, Jenny Bowker, Head of Primary care Development, Bridget James, Associate Director of Quality, Rob Ayerst, Head of Finance Community & Primary Care
Sponsoring Director / Clinical Lead / Lay Member:	Lisa Manson, Director of Commissioning, Martin Jones, Medical Director, Commissioning & Primary Care

Agenda item: 9

Report title: Quarterly Governing Body Report

1. Background

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated commissioning of primary care to NHS Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG).

The CCG has established the Primary Care Commissioning Committee ('the Committee'). The Committee functions as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the CCG are directed to co-operate with any request made by the Committee.

The Primary Care Operational Group (PCOG or "Operational Group") is established as a sub-group of the Primary Care Commissioning Committee (PCCC) overseeing a programme of work to deliver the BNSSG Primary Care Strategy and GPFV. The PCOG is the operational arm of the PCCC and executes our responsibilities for delegated commissioning and the procuring of high quality general medical services for the population of BNSSG. The PCOG ensures that demonstrating and securing value for money is a core principle of the group and that budgetary oversight is provided to the PCCC.

It is recognised the PCCC and Governing Body, whilst running parallel decision making processes need to stay aligned. Therefore a PCCC quarterly update to Governing Body will be provided to ensure the full commissioning pathway is presented to Governing Body.

This quarter two update therefore provides a summary of the second quarter's activities and decisions in 2019/2020.

2. Primary Care Strategy and Primary Care Networks

In July the Committee received an update on the progress of the development of the primary care strategy. This focussed on the engagement of patients, public and staff. Significant engagement activity had taken place to inform the refresh of the strategy including a system-wide engagement event on June 18th, attendance at the Patient and Public Involvement Forum, the Local Medical Committee and Local Pharmaceutical Committee boards, key Healthier Together groups and with the locality membership forums. The Committee were informed that a survey was also in place to gain wider input and was being promoted to professionals and service users. The engagement

process was focused on developing a new vision statement, testing our priorities and how we might deliver these with stakeholders as well as seeking views on how our primary care networks can best serve the needs of our population.

The paper also set out how all 18 Primary Care Networks (PCN) in BNSSG were authorised to start from 1st July 2019 and set out the process for forming a PCN development plan following the anticipated publication of a national PCN development prospectus and PCN self-assessment maturity matrix over the summer. The paper set out the following proposed principles for developing an OD plan to support PCNs:

- We are committed to supporting clinical leadership development and recognise the importance of a clinical leadership programme to support PCN Clinical Directors
- PCN development must be hand-in-hand with locality leadership development and should support PCNs and localities to fulfil their new roles in providing integrated local care and leadership within the system
- A development programme should have clear learning objectives and should be targeted at driving the outcomes we are seeking to achieve with Primary Care Networks and Localities
- A development programme should incorporate working as part of provider alliances, understanding the system and delivering value and population health management in BNSSG
- A development plan for BNSSG needs to balance common needs across all PCNs and localities and a more tailored approach to recognise the maturity and needs of the different PCNs and localities

3. Estates Strategy

In July the Committee approved for recommendation to Governing Body the Healthier Together Estates Strategy, which incorporates the Primary Care estate and implications of planning growth, which will impact on all services. Whilst the strategy encompasses all types of service provision, it is split out in relation to the types of providers including Primary Care and how it relates to them, which is essential as estate solutions will be delivered through a number of existing buildings across the system. The Committee recognised that the Estates Strategy will help to prioritise estates development in primary care based on existing quality of estate against recognised standards and that there is further work to do to consider estates development in support of new models of care to support Localities and Primary Care Networks in delivering their future plans. It was also noted that the CCG does not have a regular estates budget and that investment has been supported in recent years through bidding to NHS England's Estates and Technology Transformation Fund (a multi-million pound investment in general practice facilities and technology across England between 2015/16 and 2019/20).

4. Central Weston Estate Update

An option appraisal of sites for a new central Weston primary care facility has concluded to define viable sites to take forward to detailed architectural design and development costing stage. This will determine a preferred scheme for the Outline Business Case (OBC), for submission to NHSE during November 2019.

Work has been undertaken with North Somerset Council (NSC) to identify and review suitable council owned sites, to ensure that opportunities to work in partnership have been explored and considered within the site option appraisal. Clinical design work for a schedule of accommodation has been developed with Pier Health Group, with the intention that the new facility will house the service provision for the Clarence Park and Graham Road registered practice populations.

The Central Weston Estates Steering Group oversees the project, reporting to the Healthy Weston Steering Group. A Clinical Options sub-group has been tasked to scope additional primary and community health services that could potentially be co-located within the primary care facility to inform a final agreed schedule of accommodation, subject to full business case and financial approval.

The CCG has agreed to share the latest short list of central Weston sites with North Somerset Health Overview and Scrutiny Panel (HOSP) by the end of September that is intended to progress to the detailed design and costing stage.

The capital funding for the Central Weston estate project will be secured from Strategic Transformation Partnership (STP) and Estates and Technology Transformation Fund (ETTF) capital fund allocations; the on-going revenue implications for lease of the completed facility will be borne from revenue budgets aligned to the Clarence Park and Graham Road sites, and any other revenue from services that are co-located within the primary care facility.

5. General Practice Forward View

- **GP Forward View Report**

A dashboard overview report of GPFV implementation in BNSSG was shared with the Committee in July. This was presented using the 4 key domains of the GPFV: workforce, care redesign, workload and practice infrastructure. A CCG self-assessed RAG rating was used to indicate progress against plans in relation to these domains. The first 3 domains were self assessed as Green with practice infrastructure being assessed as Amber. The Committee discussed the low numbers of GP international recruits and whether we could be confident in increasing GP workforce numbers. It was also recognised that with future modelling plans for primary care and with the addition of new roles within practices that there may be responsibilities that can be passed over resulting in a need for less GPs than was first identified. Practice Infrastructure was rated as Amber as there is work to do to support direct

booking from NHS 111 into general practice (including technical solutions) and to learn from an online consultations pilot to inform a wider roll out across BNSSG.

- **Primary Care Quality and Resilience Dashboard update**

An update on the development and use of the Primary Care Quality and Resilience dashboard was shared with the Committee in July. This set out that a sense check of BRAG (blue, red, amber and green) ratings was undertaken with Area and locality teams, reporting is now available at PCN and locality level and individual reports are being shared with practices assessed as red or amber as they are being invited to participate in the General Practice Resilience Programme. It was noted that the dashboard, coupled with soft intelligence, is only a thermometer and prompt for an initial conversation. Following this more detailed resilience information is collected as part of the agreed process which forms part of the BNSSG CCG General Practice Sustainability & Resilience Support Toolkit. The Committee discussed the most useful way to present the data for localities and practices noting the sensitivity around the BRAG ratings. Whilst it was noted that the data used in the dashboard is publically available data there could still be sensitivities about how it is used and it was felt that peer review through localities would be a positive move for practices. The Committee noted the work undertaken to implement the actions requested by PCCC in April 2019 and supported the wider use of the quality and resilience dashboard being taken forward by the Area Team working with the CCG Business Intelligence team.

- **Weston and Worle ISS Local Evaluation**

A presentation and briefing paper on the local evaluation of the Weston and Worle Intensive Support Site scheme was shared with the Committee. This had been a 6 month project with the aim to support recruitment and retention of GPs in the Weston and Worle area through coaching as well as changes to the front door system for practices. It included a significant project to implement a new patient appointment system 'askmyGP' to practices and this was implemented in 6 of the 10 practices with a plan to roll out to a further 2 in the locality. Despite some significant challenges for some practices and the change in working style for GPs, the patient feedback from the new system has been positive. Following the project, commitment to further collaborative service improvement has continued such as plans to develop a repeat prescription hub and plans for collaborative back office functions. In addition the project helped to facilitate the development of the new super partnership Pier Health.

The report concluded that the single most important factor is the time required to build trust and relationships between both GP partners and staff in practices to create a common vision and purpose. It was agreed that the future development of Pier Health and the learning from the ISS

work should be discussed at a future seminar with locality provider leads invited to give the opportunity to share the learning more widely across BNSSG.

6. STP Workforce Plan – Primary and Community Care Training Hubs

In July the Committee received a progress report on the STP workforce initiatives overseen by the Community and Primary Care workforce group and a briefing paper setting out the new role for Training Hubs within our system. These replace what were known as Community and Provider Education Networks (CEPN). Previously the CEPN had focused on the training and upskilling of staff but this is changing with more work now being undertaken around workforce planning and arranging placements. Hubs are developing into their new role and there is national work to link the Hubs with Primary Care Networks. The Committee were informed that the BNSSG Training Hub has been successful in a bid for a practice based placement pilot that would look at the skill mix in primary care with the focus being on specific skills rather than roles. The CCG is the host employer for the Hub. Currently roles are on short term fixed contracts, however, it is anticipated that funding settlements will allow longer term employment and create greater stability in the service. The Committee also discussed the need for the Hub to support the BNSSG STP ambitions and recognised the importance of the reporting link of the Hub into the Community and Primary Care Workforce group within Healthier Together.

7. Bishopston and Northville APMS Contracts

The Bishopston Medical Practice and Northville Family Practice APMS contracts were due to expire on September 30th 2019. These contracts provided primary medical services to approximately 15,000 patients. The two contracts, as they previously existed, were set up temporarily by NHS England as APMS contracts following a hand back by the respective GP partnerships between 2016 and 2017. These contracts were both managed by BrisDoc following the handback.

The contracts list size and weighted list size noting contract expiry were:

Practice Locality	Practice Name & Code	Raw List Size (Jan 2019)	Contract expiry date
North & West	Bishopston Medical Practice L81112	9,725	30 September 2019
South Gloucestershire	Northville Family Practice L81028	5,228	30 September 2019

To enable staff and patient stability, these contracts needed long term and sustainable contractual solutions. This stability will allow practices and patients to be taken on a journey of transformation that is supported by the aims of the NHS 'GP Forward View' initiative which seeks to stabilise the health needs and requirements of the local populations for the future.

The CCG outlined three main options available regarding future services for the patients of the two practices. These were:

1. Procurement of a provider for a like-for-like service from each site.
2. Procurement of a provider for a new model of care, exploring options to combine sites as branch surgeries to other local providers, or as a single lot.
3. A managed dispersal of the patients to other providers in the area.

Subsequently the Primary Care Contracts team, with support from many colleagues across the CCG, commenced conversations with surrounding practices, stakeholders and patients of the practices concerned.

Following a period of extensive engagement, a final paper summarising the information within the attached appendices was presented to the closed session of the Primary Care Commissioning Committee on 25th June 2019. All of the options explored for the two contracts and information gathered to support each was outlined in detail against each individual site. Following a detailed review of this paper, the committee made the decision to disperse the patient lists and manage a re-registration process with the surrounding practices.

The dispersal was completed in early October 2019 and the CCG continue to meet with both the receiving practices and Brisdoc as the exiting provider to maintain oversight and support where required.

8. Graham Road and Clarence Park Merger Application

Pier Health Group Ltd (PHG) took over as the provider at both the Graham Road and Clarence Park contracts from 17th June 2019 following a direct award due to the patient lists being handed back. The CCG now has a monthly transition board with PHG to oversee the mobilisation of the two contracts and agree planned integration with Horizon Health Centre (HHC) whose contract PHG were directly awarded in the autumn of 2018.

The transition board oversee the benefits realised, the remaining challenges and the risks identified since the direct award. The transition board also oversaw the closure of the Clarence Park site on 1st October 2019, merging the patient list with Graham Road. PHG intends to continue to provide services from Graham Road and is exploring an opportunity to create an off-site administration hub to support this and their other work in the area.

It is also recognised that there are operational benefits to running one service model from one clinical system. This would require a further step the contracts of Graham Road and HHC to also formally merge which the CCG will consider when a formal application has been submitted.

9. New Community Pharmacy Contract for 2019/20 to 2023/24

A 5 year contractual framework has been agreed for community pharmacies and was published in July 2019. A summary of this and its implications was shared with the Committee in September. This contract will take effect in October 2019 and aims to expand and transform the role of community pharmacies embedding them as the first port of call for minor illness and health advice, and as an integral part of the NHS. The new contractual framework commits to spend £2.592 billion each year for the next five years.

The contract aims to support the urgent care agenda through a new Community Pharmacist Consultation Service which allows direct referrals to pharmacy for minor ailments from NHS 111. The BNSSG area is already involved in a pilot which allows referrals from GP practices to community pharmacies for these minor ailment indications.

All pharmacies also have a requirement to be accredited as Level 1 healthy living pharmacies by April 2020 allowing pharmacy staff to deliver interventions on key issues such as smoking cessation and weight management as well as to offer self-care advice. This role will support the national prevention agenda as well as patients with long care conditions. Hepatitis C testing for people using needle and syringe programmes is also being introduced.

A number of national pilots are included in the contractual framework but limited information is available on these pilots to date and it is uncertain where and when nationally these pilots will take place. These include detecting undiagnosed cardiovascular disease, stop smoking referrals from secondary care and point of care testing to support antimicrobial resistance.

There is a greater emphasis on medicines optimisation and safety which is crucial to reduce avoidable harms. Medicine Use Reviews (MURs) are due to be phased out and replaced by enhanced Structured Medication Reviews (SMRS) by clinical pharmacists working in PCNs as it is thought these reviews will be more clinically effective. The New Medicines Service (NMS) which supports people with long term conditions newly prescribed a medicine will continue.

A new Pharmacy Quality Scheme will be introduced which allows pharmacies to earn additional payments for meeting certain quality criteria. Audit activity will now align with the GP contract's Quality and Outcomes Framework to ensure a consistent approach across the healthcare system. Initially, these audits will include lithium safety, advice on pregnancy prevention to women taking valproate and auditing the use of NSAIDs. There are also recommendations in relation to ensure safe prescribing in asthma.

The Committee noted the changes to the new community pharmacy contractual framework and supported the recommendations to encourage good links with community pharmacy to help promote a local integrated healthcare system, encourage greater utilisation of community pharmacy services, actively plan for and encourage the use of these funded services in patient pathways and work with the Local Pharmaceutical Committee to collect data and record outcomes from the community pharmacy services locally.

10. Primary Care Quality Report

The Committee receives monthly reports on quality in primary care which include information on Care Quality Commission (CQC) practice related publications, Friends and Family Test data, patient experience data, any quality escalation issues and focused quality domain data. For quarter 2 of 2019/20 the quality domains were Dementia (July) and GP patient survey data (Sept).

- **Care Quality Commission**

During quarter 2 of 2019/20, three practices had their CQC inspection reports published. Of the three, two practices received an overall rating of 'Requires Improvement' - Bishopston Medical Practice and Montpelier Health Centre - and one a rating of 'Good' overall – Pilning Surgery. The quality team have contacted the practices where concerns have been raised within the published CQC reports offering support with improvement actions.

- **Friends and Family Test**

The BNSSG practice submission rates for Friends and Family Test (FFT) data remain significantly above the national average. Due to the lag time for reporting FFT data, for the second quarter of 2019/20 June and July's data only was presented. The overall BNSSG response rates have fluctuated only slightly 69.5% and 73.2% over the two reported months, but remain consistently above the national rate of 59%. The Quality and Contracts teams continue to reiterate the contractual requirements with practices who do not submit data on a monthly basis.

- **Healthwatch reports**

Updates were provided on recently published Healthwatch reports by Bristol, South Gloucestershire and North Somerset Healthwatch groups during the quarter. These focused on public views on planned changes within Primary Care and what they would like to see (Bristol), adoption of the 'askmyGP' tool which supports gaining help from GPs and experiences of a number of different areas of health and social care (North Somerset) and an Enter and View report for a South Gloucestershire practice.

- **ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)**

In September the committee was informed of the work undertaken by the GP ReSPECT working group in readiness for the system wide launch of the new ReSPECT form on October 10th 2019. The committee were informed that a digital solution for EMIS had been developed and awareness raising and communications to ensure all GPs and other primary care staff had occurred in preparation for the launch. Going forward the group will work with other key stakeholders to integrate the ReSPECT and EPaCCS templates.

- **Influenza Preparation**

In September the committee were informed of the preparations for this season's 'flu vaccines. The Nursing and Quality team has set up a BNSSG Seasonal Flu Group, which meets fortnightly to ensure that the needs of the population are met. Planned work includes optimising uptake of

vaccinations in patient and staff groups, coordinated messaging to the public and consistency of approach with regard to care home arrangements.

- **Healthcare Associated Infections**

In July data was presented on primary care healthcare associated infections. Information was provided on MRSA, Cdiff and E Coli infections and the joint working planned to gaining better engagement in infection investigation and ultimately learning from primary care. Further work is planned with the Medicines Optimisation team linked with antibiotic prescribing practices.

- **Focused Quality Domains**

Dementia

The Committee received detailed information on the focused quality domain of Dementia in July. The report highlighted the data relating to two nationally benchmarked indicators, with the first indicator, 'Percentage of patients who have received a face-to-face review of their care plans', showing BNSSG as a whole just below the national average and below the target of 90%. The second relating to 'the percentage of patients with a new diagnosis who have a full range of blood tests' does not have a national set target, but it is noted that BNSSG is performing above the national England average. As well as comparisons with England averages and NHSE nationally set targets the benchmarked data is reviewed at practice, locality and CCG level with comparisons also made with core cities.

GP Patient Survey

Presented in September, the GP patient survey results, published in July 2019, provided information on patients' overall experience of primary care services and their overall experience of accessing these services. Within BNSSG, 26,270 questionnaires were sent out and 9,330 were returned completed between January and March 2019. This represents a response rate of 35.5% which is a deterioration of 1.5% from the 2018 response rate. The CCG response rate remains above the national response rate of 33.1%.

Overall BNSSG CCG benchmarked well against the majority of indicators. BNSSG CCG benchmarked in line with or higher than the national average for most questions regarding GP access. However, the CCG does have lower figures for ease of accessing the practice by phone. The Quality Team are involved in ongoing discussions with Primary Care Contracting and Resilience teams to support the GP Practices who have the lowest patient experience results.

11. PCCC Assurance Framework and Corporate Risk Register Primary Care

In September the Committee received and discussed a report setting out the high level risks reported in relation to Primary Care and an update on the monitoring of these high level risks through the Corporate Risk Register (CRR) and the Primary Care Commissioning Committee Assurance Framework (PCCAF) which is a subset of the Governing Body Assurance Framework.

This focuses on those risks relating to Primary Care reported as scoring 15 and above using the risk scoring matrix. Risks that are rated below this level are held on Directorate Risk Registers where they are reviewed regularly. The CRR provides assurance to the Governing Body and its committees that all high level risks are being addressed and that the actions taken are appropriate. Several new risks were suggested for inclusion including primary care involvement in the delivery of Same Day Urgent Care (SDUC) and other related system programmes as well as a risk specifically to primary care finance. The Committee also suggested that the risks were revised to become more specific in wording and a recommendation was made to revisit the risk scoring for Primary Care Networks. It was agreed to present the Primary Care Commissioning Committee Assurance Framework and Corporate Risk Register Primary Care to the Primary Care Operating Group every month and to the Primary Care Commissioning Committee quarterly.

12. Primary Care Commissioning Committee Terms of Reference

An update on work undertaken to attract an out of area GP to become a member of the Primary Care Commissioning Committee was shared with the Committee. The CCG had not been successful in recruiting to this position, therefore it was recommended to remove this position from the Terms of Reference. The Committee agreed that despite the removal of the position from the Terms of Reference, the aspiration for an out of area GP to sit on the Committee was still present. The amended Terms of Reference would be presented to the Governing Body in November.

13. Financial resource implications

2019/20 Forecast Out-turn

Prior to Month 6 reporting, delegated Primary Care budgets were maintaining a break-even forecast out-turn position against budgets, with £1.7M of risk in delivering this position in year.

In month 6, a revised forecast out-turn position has been reported, resulting in a forecast deficit of £68K, with an additional £700K of risk.

The key movements in understanding this revised forecast is set out in the table below:

Planned Deficit	The planned deficit against delegated budgets before assumed additional funding	(£1,665K)
n/r allocation	A non-recurrent allocation to fully fund improved access at £6/head (remainder of allocation already in CCG baseline)	£369K
Population growth	Benefit of actual list size growth being lower than budgeted levels	£120K
Seniority Payments	Benefit of lower than planned seniority payments	£158K

List Dispersals	The net cost of premiums and list size growth paid to practices taking on new patients on the back of list dispersals	(£245K)
Transitional Funding	Non-recurrent funding agreed to support safe transition of services to new providers post contract handbacks.	(£450K)
0.5% Contingency	Uncommitted budget at the start of the year that has now been released to off-set in year cost pressures	£638K
Other	Other Net variance from plan	£7K
Recurrent Allocation	£300K increase in recurrent allocation received from NHSE, and representing BNSSGs share of regional cost pressures relating to locum costs	£300K
2019/20 Forecast	Revised Forecast out-turn variance	(£768K)
Additional Resource	Additional resource being sought from NHS England	£700K
2019/20 Forecast	Revised Forecast out-turn variance	(£68K)

Five-Year Financial Planning

At the August PCCC meeting, the five-year financial plan was presented, outlining the confirmed increase in resource over the five-year period, and the known funding commitments outlined in the revised GP contract, the new Primary Care Network DES, and NHS England planning guidance, demonstrating how the CCG will move from a planned deficit of £1.7m in 2019/20 (before additional funding), to a deficit of £101K by 2023/24.

As further national guidance is released, and the full financial implications of new guidance is formalised, this plan will continue to be iterated to demonstrate the affordability of increased costs against the planning envelope, to ensure the CCG can demonstrate a balanced financial position in 2020/21 and beyond.

14. Legal implications

There are no legal implications within this report. The new pharmacy contract deal has been negotiated nationally.

15. Risk implications

The dispersal of 15,000 patients to new practices has been closely managed to ensure vulnerable patients are supported, practices deliver on creating the capacity required and risks are identified and mitigated.

The summary of risks scoring 15 and above affecting primary care was shared with the Committee at the September meeting as set out in this report to Governing Body.

16. Implications for health inequalities

Equality and Quality impact assessments were undertaken to support the recommendations to the Committee for the future of Bishopston and Northville APMS contracts.

A key theme for the Primary Care Strategy to address is the contribution of primary care to reducing health inequalities in our population.

17. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Equality and Quality impact assessments were undertaken to support the recommendations to the Committee for the future of Bishopston and Northville APMS contracts.

An Equalities Impact Assessment will be used to inform the primary care strategy and the ensuing delivery plan that supports it.

18. Consultation and Communication including Public Involvement

An engagement plan in relation to the future of Bishopston and Northville APMS contracts has been enacted to gather feedback on the options from patients, practices and local interested parties and stakeholders. This engagement has been captured through the stakeholder engagement, patient engagement surveys and drop-in sessions, equality impact assessment and the quality impact assessment.

We are engaging with patients and the public as well as with professionals in the refresh of the primary care strategy and as part of this we are asking about the opportunities for Primary Care Networks in BNSSG.

19. Recommendations

Recognise the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarter two 2019/2020.

Propose the Governing Body receives the report to support its own work plan and decision making.

Report Author: David Moss, Head of Primary Care Contracts, Jenny Bowker, Head of Primary care Development, Bridget James, Associate Director of Quality, Rob Ayerst, Head of Finance Community & Primary Care

Report Sponsor: Lisa Manson, Director of Commissioning, Martin Jones, Medical Director, Commissioning & Primary Care

Glossary of terms and abbreviations

APMS	A time limited contract that is typically issued when GP partners hand back a list to commissioners
GPFV	The GP Forward View is a national 5 year plan of support for general practice. It includes help for struggling practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development programme to accelerate transformation of services.
PCNs - Primary Care Networks	A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary sector, to offer more personalised, coordinated health and social care to their local populations.
Local Medical Committee (LMC)	A Local Medical Committee is a statutory body in the UK. LMCs are recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a whole to the Primary Care Organisation
Local Pharmaceutical Committee (LPC)	Local Pharmaceutical Committees (LPCs) represent all NHS pharmacy contractors in a defined locality. LPCs are recognised by local NHS Primary Care Organisations and are consulted on local matters affecting pharmacy contractors.
NSAIDs	Non-steroidal anti-inflammatory drugs (NSAIDs) are medicines that are widely used to relieve pain, reduce inflammation, and bring down a high temperature.
MRSA and Cdiff	<p>MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. The full name of MRSA is methicillin-resistant Staphylococcus aureus.</p> <p>Clostridium difficile, also known as C. difficile or C. diff, is bacteria that can infect the bowel and cause diarrhoea.</p>