

# BNSSG Primary Care Commissioning Committee (PCCC)

Date: 30<sup>th</sup> June 2020

Time: 9.00am – 11:10am

Location: Meeting to be held virtually

<b>Agenda Number :</b>	12
<b>Title:</b>	Contracts and Performance Report
<b>Purpose: For Information</b>	
<b>Key Points for Discussion:</b>	
The purpose of this paper is to update the Committee on the status of BNSSG primary care contracts and provide a summary of performance issues.	
<b>Recommendations:</b>	The Committee are asked to note the contents of this report for information
<b>Previously Considered By and feedback :</b>	Not Applicable
<b>Management of Declared Interest:</b>	Not Applicable
<b>Risk and Assurance:</b>	There are no specific risks highlighted in this paper this month. Any risks associated with contractual changes will be highlighted via separate papers
<b>Financial / Resource Implications:</b>	There are no specific financial resource implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant financial implications.
<b>Legal, Policy and Regulatory Requirements:</b>	There are no specific legal implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant legal implications.
<b>How does this reduce Health Inequalities:</b>	Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.
<b>How does this impact on Equality &amp; diversity</b>	Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

<b>Patient and Public Involvement:</b>	Whilst there has not been consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services.
<b>Communications and Engagement:</b>	There are no specific communication issues highlighted as a result of this paper. Any contractual change requests that require further engagement will be highlighted via separate papers.
<b>Author(s):</b>	Louisa Darlison and Steph Maidment, Senior Contract Managers, Adele Laing Contract and Project Support Officer, Primary Care
<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Lisa Manson, Director of Commissioning

**Agenda item: 12**

**Report title: Contracts and Performance Report  
June 2020**

**1. Background**

The paper provides a summary of the contractual status of the contracts held across the Primary Care Contract portfolio. This includes all GMS / PMS and APMS contracts as well as the locally commissioned Improving Access to General Practice Contract.

**2. Current Contracts**

CCG	APMS	PMS	GMS	Total
Bristol, North Somerset and South Gloucestershire (BNSSG)	8**	63	10	81

\*\*APMS contract for SAS included

**a. Single handed Contractors holding GMS/PMS contracts**

Practice	Code	List Size (01/01/19)	Contract Type
Helios Medical Centre	L81622	4,258	PMS

A formal notification was received on 27/01/2020 which confirmed Helios Medical Centre became a single handed practice on 30/09/2019 when a non-medical partner retired and removed himself from the contract. The Single Handed Partner Assurance framework has been shared with the practice for completion.

The Monks Park variation has now been retuned and therefore they are no longer a single handed practice.

**3. Procurements / APMS Contract Expiries**

**a. APMS Contract Expiries**

Practice	Locality	Contract Type	Agreed End date	Notes
Horizon Health (Weston)	North Somerset	APMS	31/10/19 Proposed 12/06/2020	Variation to 12/06/20 out for signature. Further extension to 12-06-21 with Pier for signature
Charlotte Keel Medical Practice	ICE	APMS	31/03/2021	Contract commenced 01/04/18, and an extension of 6+6 to 31/03/21 is with BrisDoc for signature
Broadmead Medical Centre (Y02578)	ICE	APMS	30/09/2031	With option to extend by 5+5 years
Homeless Health Service (Y02873)	ICE	APMS	30/09/2021	With option to extend by 5+5 years
Emersons Green Medical Centre (L81362)	South Glos	APMS	31/01/2032	With option to extend by 5+5 years
Graham Road	Weston & Worle	APMS	12/06/2020	With option to extend by 1 year – extension to 12-06-21 with Pier for signature
Bridge View Medical Special Allocation Scheme	N/A	APMS	30/06/2021	With option to extend by 2 years

#### b. Other Primary Care Contracts

Provider	Locality	Contract Type	Agreed End date	Notes
Language Empire Ltd	BNSSG	NHS Standard	30/09/2021	With option to extend by 2 years
Action on Hearing Loss	BNSSG	NHS Standard	30/09/2021	No further option to extend

In addition the pharmacy enhanced service contracts have been formally extended by 1 year. These will now expire on 31 March 2021. In addition a contract variation has been issued to allow pharmacies to deliver the Community Pharmacy Minor Ailments Patient Group Directions service. This will mean that pharmacies will be able to supply prescription only medicines and that episodes of care can be completed in the pharmacy and referrals to GP practices or out of hours providers are avoided.

#### 4. Practice mergers

##### a. Approved mergers

No new applications

##### b. New Merger Applications

No new applications

#### 5. Closed list Applications

No new applications

#### 6. Approved List Closures

No new applications

#### 7. Partnership Change Requests

No new requests

#### 8. Temporary Practice Hour changes

Practices have the ability to submit applications to close for a number of hours to allow them to plan for things such as training sessions and periods of significant IT downtime etc. All applications are considered individually, and the practices are asked to demonstrate the reasons for closure and the contingency for patients during these closures.

The table below details the number of applications received since 1 April 2019.

	N/Somerset	Bristol	S Glos	Totals
Applications	1	7	12	20
Practices	1	6	7	14

Practices are reminded that 4 weeks' notice is required for any proposed temporary closure.

#### 9. Applications to Change Practice Boundaries

An application has been received from Beechwood Medical Practice, and this will be progressed when the practice returns to 'Business As Usual'.

#### 10. Branch Surgery Closures

No new applications.

## **11. Contract Breach and Remedial Notices**

No Contract Breach or Remedial Notices have been issued. There are currently no live notices in place with any practice.

## **12. Primary Care Performance Management Monitoring**

Improved Access delivery was suspended on 19 March 2020 and across quarter 1 20/21. Practices were assured that income across this period would be protected with practices asked to take a pragmatic approach to delivery of access across this period.

One Care will provide performance monitoring data up to the end of February 2020 this was shared in early June but has been recalled by One Care due to the identification of a discrepancy. We will report the confirmed position once the data has been finalised.

As noted in previous reports, practices have been paid for quarter 1 LES delivery based on average activity from the same period in 19/20.

A proposal to recommence IA delivery from August 2020 has been shared with membership and locality groups. In light of COVID the requirements around delivery have been relaxed to support the recovery phase. This includes relaxing the requirement around face to face appointments as well as relaxing the need to run clinics on Saturdays and Sundays. Practices will be supported by one care to develop plans for delivery. It has been requested that localities begin to consider how they can use Improved Access to respond to access challenges that have arisen particularly in light of COVID.

## **13. Financial resource implications**

There are no specific financial resource implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant financial implications.

## **14. Legal implications**

There are no specific legal implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant legal implications.

## **15. Risk implications**

There are no specific risks highlighted in this paper this month. Any risks associated with contractual changes will be highlighted via separate papers.

## **16. Implications for health inequalities**

Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

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

Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

## 18. Consultation and Communication including Public Involvement

Whilst there has not been consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services.

## 19. Recommendations

The committee are asked to note the contents of this report for information.

**Report Author:** Louisa Darlison, Stephanie Maidment, Senior Contracts Managers – Primary Care and Adele Laing, Contract and Project Support Officer

**Report Sponsor:** Lisa Manson, Director of Commissioning

## Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations.

<b>APMS</b>	Alternative Provider of Medical Services - Type of GP contract
<b>GMS</b>	General Medical Services – Type of GP contract
<b>PMS</b>	Personal Medical Services – Type of GP contract

