

Meeting of Governing Body

Date: Tuesday 7th August 2018

Time: 1.30pm

Location: Clevedon Hall, Elton Rd, Clevedon, North Somerset, BS21 7RQ

Agenda number: 6.2

Report title: Primary Care Commissioning Quarterly Body report

Report Author: David Moss, Head of Primary Care Contracts and Jenny Bowker, Head of Primary Care Development

Report Sponsor: Lisa Manson, Director of Commissioning

1. Purpose

To ensure Governing Body and Primary Care Commissioning Committee stay aligned whilst recognising their respective decision making autonomy.

2. Recommendations

The Governing Body is asked to note the delivery of the primary care work plan through quarter one of 2018/19.

3. Executive Summary

This paper provides an overview of the work plan and decisions associated with not limited to:-

- Delegated Transition Plan
- Primary Care Contracts
- Procurement
- Estates
- GP Forward View

- Improved Access
- Resilience in primary care
- Workforce
- Quality

4. Financial resource implications

In April 2018, BNSSG CCG assumed responsibility for primary care delegated budgets totalling £122.8m, combined with existing primary care services (excluding medicines management) commissioned by the CCG with planned expenditure of £19.1m, Primary Care budgets for 2018/19 total £141.2m.

At the 30th of June 2018, the CCG is reporting a year to date underspend of £28k against a year to date budget of £35.6m. The forecast out-turn remains at break-even, in line with planned expenditure levels of £141.2m

5. Legal implications

There are no legal implications anticipated in relation to this report.

6. Risk implications

A risk register is being developed for PCOG to hold to ensure risks are recognised and mitigated.

7. Implications for health inequalities

No health inequalities issues arise as a result of this report.

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

None

9. Consultation and Communication including Public Involvement

Procurements and mergers described have and are undertaking proportionate patient and public engagement ahead of any change to ensure services provided meet the needs of those using them.

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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 GP Forward View (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 one update therefore provides a summary of the first quarters activities and decisions.

2. Delegated Transition Plan

NHS England (NHSE) have supported the CCG to recognise a high level plan identifying areas of contracting work that will need to be transitioned from the primary care team to the CCG.

It covers a range of tasks including but not restricted to:

- Procurement
- Practice Mergers
- Branch Surgery Closures
- Premises
- Returns

The plan also provides an indicative timeline across 2018/19 for when each area will transition from NHS England to the CCG. This has been created using experience from other CCGs who have lived the delegated journey. Key tasks have been prioritised within the timeline with the intention of recognising CCG priorities, synergies between functions and when certain functions occur throughout the year.

3. Local Enhanced Services Review

The CCG initiated a review of Local Enhanced Services in April of this year. This was in recognition of the differing arrangements across the 3 former CCG areas and the need to develop an equitable and aligned approach to this across the BNSSG CCG. The CCG currently invests just over £10 million in enhanced services, rising to £17 million when investment in Improved Access and the Locality Transformation Scheme is added to this. The project mandate was presented to PCCC in April for approval and progress of the review has been presented monthly to the Committee in open session. The aim of the review is to develop consistent, high quality and evidence based enhanced primary care which meets population needs and demonstrates value for money across BNSSG.

The first phase of the review was completed in June. A desk top review was conducted for each of the enhanced services led by a clinical and managerial lead. These developed recommendations for the future of these enhanced services. As part of the review leads were asked to evaluate the need for the Enhanced Service, value for money and at what scale the service should be commissioned. The desk top review concluded that there are a small number of Local Enhanced Services, which continue to be of value and that require very little amendment to align across the three areas. There are others that either need further review and/or which it is felt would be better delivered at locality level to ensure improved population coverage and to offer better value for money.

The recommendations were accepted by the Committee in June and work is now underway to progress these recommendations so that the enhanced service offer is aligned across BNSSG for April 2019. The outcome of the recommendations has also been shared at membership meetings in each of the CCG areas. Full detail of the recommendations and the outcome of the desk top review can be found here: <https://bnssgccg.nhs.uk/events/primary-care-commissioning-committee-meeting-26-june-2018/24/>

The review highlighted the need for a more robust and consistent methodology for developing Local Enhanced Services going forward and a template to support their evaluation can also be used to support their development. Furthermore, there was variable evidence of monitoring and evaluation of the existing enhanced services and a key recommendation is that we develop more robust monitoring arrangements across all enhanced services going forward so that we can assure ourselves of value for money. We need to develop our commissioning approach so that our enhanced service offer that we contract with practices and with localities can be clearly evaluated to demonstrate value for money for our population and system benefit. A timeline detailing next steps was presented to the Committee in July. A summary of the financial appraisal of the recommendations will be presented to the Committee in September.

4. Current Contracts

BNSSG CCG holds 86 primary medical contracts of varying forms as laid out below.

CCG	APMS	PMS*	GMS	Total
Bristol, North Somerset and South Gloucestershire (BNSSG)	8	67	11	86

a. Approved mergers

The following mergers have been approved in quarter 1:

Practices
Christchurch Family Medical Practice and Willow Surgery, merged with effect from 1st April 2018; circa 25,000 pts
Gaywood Surgery; Malago Surgery; Southville Surgery; Wedmore Surgery. Merged with effect from 1 April 2018 to be known as Bridge View Medical; circa 36,000 pts.
St George's Health Centre and Lodgeside Surgery. Merged with effect from 1 April 2018; circa 20,000 pts
Mendip Vale Medical Practice and Riverbank Medical Practice have been approved to merge with effect from 1 July 2018. Circa 35,700 patients
Mendip Vale Medical Practice and Sunnyside Surgery have been approved to merge with effect from 1 October 2018. Circa 43,000 patients

Eastville Medical Practice and Maytrees Practice planned to merge on 1st October 2018; circa 14,000 patients. The practices decided w/c 9.4.18 to postpone these plans. They will review this decision periodically and the medium term intention is still to merge.

b. List Closures

No list closures have been requested or approved throughout quarter one 2018/19

c. Temporary Practice Hour changes

The table below details the number of approved applications since 1 April 2018.

Practice	Date	Time
West Walk Surgery	30/04/18	1300-1500
Stockwood medical centre	25/04/18	1200-1430
Downend Health Group	22/06/18	1300-1900
Sunnyside Surgery	17/05/18	1330-1630
Horfield Health Centre	18/05/18	1215-1515
Horfield Health Centre	11/06/18	1230-1600
Oakhill Surgery	13/06/18	1400-1700
Bishopston Medical Practice	04/07/18	1300-1830
Courtside Surgery	31/07/18	1230-1600

Closures were agreed to support for staff training and IT mergers and updates

d. Applications to Change Practice Boundaries

No new applications received

e. Branch Surgery Closures and Variation of Opening Times

No new applications received

5. Procurement

a. Locality Health

The Locality Health Centre provides primary medical services to a relatively deprived area of North Somerset. The current AMPS contract has a list size of 5333 and ends on 31st October 2018. The CCG has put out a general medical services (GMS) contract to the market, with an award expected to be made by September 2018.

b. Interpretation and Translation Services

As part of its commissioning responsibilities the CCG has a number of agreements in place with providers to provide interpretation and translation services for primary care contractors and local patients as necessary.

Existing translation services and communication professionals for deaf and hard of hearing expire September 2018 and March 2019 respectively. Therefore a requirement exists for the CCG to undertake a procurement exercise exists during 2018/19 to secure a service provider for each of these elements. PCCC has agreed to obtain services from a procurement framework to secure new contracts for these services.

6. Estates

a. STP Primary Care Estates

In the November 2017 Budget the Government announced an additional £4bn of Capital funding for the NHS for the period up to 2022/23. NHSE/I and DHSC have indicated that priority for STP Capital will be given to schemes that demonstrate revenue savings, support land disposals, link to STP Transformation and STP Estates strategies. This new process for applying for capital funding has come with comparatively short timescales.

Healthier Together STP is required to submit to NHSI/NHSE by 30th June 2018. Six Expressions of Interest have been drafted by BNSSG CCG. The first three have a community focus - that extends beyond pure primary care and are included for completeness: -

- Establishing an Urgent Treatment Centre at South Bristol Community Hospital

- Establishing three frailty hubs across BNSSG
- Thornbury - Primary and Community Care development
- Integrated community localities: primary care estate Bristol
- Healthy Weston - Primary Care Capital Programme
- Integrated community localities: South Gloucestershire Primary Care Estate

Work is ongoing to further refine and develop these schemes as the national process unfolds.

b. Minor Improvement Grants 2018/2019

The Minor Improvement Grants scheme offers part-funding towards relatively small modifications to existing GP premises, consistent with the requirements outlined in the NHS General Medical Services - Premises Costs Directions 2013. Discretionary funding is made available each year by NHSE for practices to apply for via the CCG who determine strategic fit. Applications can be made by single practices or groups of practices using an application process which offers them the opportunity to outline the proposed development including potential benefits and associated costs

Practices were invited to submit MIG applications by 20th April. Submissions were received from 21 practices across BNSSG ranging from minor works such as new lighting to fairly major developments such as multi-story extensions to current property. The total value of the applications received across BNSSG was £867,950 (£572,847 at the usual reimbursement rate of 66%), meaning the value of bids was more than double the available funds.

Each Locality Leadership group (LLG) discussed the applications for their locality at their May meeting. All bids were judged to be consistent with locality priorities and therefore supported in principle.

Following this a group consisting of Area Team managers and the Interim Head of Strategic Estates met to ensure the bids could be “supported in principle” from the perspective of compliance with the Directions but also with the agreed CCG criteria. The same criteria were then used to categorise the supported bids in to high, medium and low priorities.

This process resulted in a number of supported proposals which fell into the category of high or medium priorities and that, at 66%, fell within budget.

7. GP Forward View

The Committee received an overview of GPFV progress in April, including the development of the Locality Transformation Scheme, which was approved by the Governing Body in September 2017 (prior to the formation of the PCCC) and requested a series of more in-depth reports and opportunities to discuss the delivery of GPFV in BNSSG. The Committee has since received detailed reports on Improved Access and primary care resilience in May and a presentation on workforce development in July. A further overview of GPFV progress will be presented to the Committee in September.

a. Improved Access

In May 2018 the PCCC approved the service specification for delivery of Improved Access in BNSSG. The [General Practice Forward View](#) sets out plans to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. Earlier this year the guidance [Refreshing NHS Plans for 2018/19](#) required all CCGs to provide extended access to general practice to their whole population by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods. Funding of up to £5.8 million is available to support delivery of this programme for the population of BNSSG.

Locally, the CCG intends to commission Improved Access services from the Locality Provider Vehicles via the Locality Transformation Scheme. The development of primary care at scale at the heart of the integrated community model is a key priority for the BNSSG CCG/STP. Improved Access is a significant element of this model, linking primary care at scale to the overall BNSSG system model for urgent and emergency care including development of services such as the Integrated Urgent Care Service (IUCS). It will be crucial to ensure the integration of extended access with out of hours and urgent care services, as these reforms develop. The CCG has encouraged locality providers to develop ambitious proposals to address this specification and recognises that there is a need to transition from current working arrangements. At this point in time Locality Provider Vehicles have submitted their plans to the CCG ready for delivery from 1st October 2018.

b. Resilience in primary care

Key progress to note includes the development of an approach to supporting resilience for primary care. A stratified approach has been developed for 2018/2019 which seeks to identify practices which may benefit from additional support. A dataset is in development, which will include a range of quality, financial and workforce indicators to help us to identify these practices. This work is being developed by a Quality and Resilience working group which is combining our approach to quality improvement, quality assurance and resilience support to practices. This group reports to the PCCC through the Primary Care Operations Group (PCOG). In addition, the CCG is engaging with the Time for Care programme and a Showcase launch event is taking place in BNSSG on 20th September. This will focus on delivery of the 10 High Impact Actions and will be an opportunity to advertise the range of nationally funded programmes to support practices as part of the GPFV Time for Care offer. In April the CCG submitted a bid to the Time for Care programme to deliver a rapid productive general practice programme for a cohort of 12 practices across BNSSG. This bid was successful and the programme took place during May and June. We plan to submit a second bid for a further cohort of practices following the Time for Care event as part of the October wave of applications.

c. Workforce

A presentation update was shared with the PCCC in July. This gave an overview of governance to support this programme of work. A Community and Primary Care Workforce Development group has been established to report both through to the BNSSG STP Workforce Transformation Steering Group and to the PCCC via the PCOG. This group will develop and sponsor our workforce programme and co-ordinate the work of all key partners including the Community and Provider Education Network (CEPN), the Local Medical Committee and One Care Limited who make a key contribution to this area. The Committee received the existing work plan on a page and were advised of key progress to date. This includes the range of leadership and professional network and development opportunities supported by the CEPN, submission of a BNSSG delivery plan to deliver the 10 Point Plan for General Practice Nursing supported by the creation of a BNSSG nurse network and successful bids to develop an Intensive Support Site in Weston and Worle and to host a wave of the International GP Recruitment Programme. Weston and Worle Locality have been chosen as 1 of 7 national Intensive Support sites. The intensive support sites will bring interventions together at different levels – personal support for GPs, practice support and system support/improvements – to achieve the greatest possible impact on the engagement and retention of local GPs. The programme runs until March 31st 2019.

8. Quality

The Committee has received monthly reports on Quality in primary care. This has developed from a report on the approach to quality improvement and assurance for primary care to an

integrated quality and performance report in July, detailing an overview of key quality and safety indicators as part of our commissioning responsibilities for primary care.

To support the transition to CCG commissioning NHS England has produced a Memorandum of Understanding for Nursing and Quality Support for Delegated CCGs, which outlines what specific areas within quality monitoring will transfer to the CCG. The quality areas that have been identified as part of the transitioned responsibilities to CCG commissioning are:

- Supporting Vulnerable Practices including those who have received a rating of Inadequate and are placed in Special Measures following a CQC inspection
- Supporting the development of a patient safety culture
- Serious incident / Significant Event Reporting
- Safeguarding
- Patient Experience (FFT, Surveys, etc)
- Primary Care Quality and Sustainability Hub

Areas of quality monitoring that will remain within the remit and responsibility of NHSE's primary care team will be Complaints Management and the Primary Care Performers List, GP appraisal and revalidation. The leadership responsibility for the Primary Care Quality and Sustainability Hub meetings will transition to the CCG, though the meetings will continue to be a joint CCG/NHSE meeting due to the joint responsibility for primary care quality. Attendance at the meetings also includes other key stakeholders such as the Care Quality Commission (CQC), the Academic Health Science Network and the Local Medical Committee.

A CCG Quality and Resilience working group has been established comprising of members from the Quality, Commissioning, Business Intelligence and Primary Care Development teams and includes the Clinical Leads for Quality and for Primary Care Development to develop the approach to quality and resilience monitoring which will report to the PCCC via the PCOG. This group is leading the development of a combined quality and resilience dataset.

The Quality report to PCCC has highlighted quality improvement initiatives in place to support quality improvement. This has included updates on the West of England Academic Health Science Network (AHSN) regional Primary Care Patient Safety Collaborative and the BNSSG Practice Nurse Network and the need to develop these further.

The Committee in June and July received updates on the following areas of quality monitoring:

- The Primary Care Web Tool
- Reporting of serious incidents and significant events
- CQC ratings
- Infection Control data
- Influenza vaccination uptake
- Patient complaints
- The Friends and Family Test

- The GP Patient Survey

These updates have highlighted current performance and actions the CCG will take to support opportunities for improvement. In July the Committee received further information on the data from the Primary Care Web Tool. The tool reports on 46 indicators in the following areas:

- Respiratory
- Diabetes
- Coronary heart disease
- Mental Health
- Clinical Diagnosis
- Public Health
- Medicines management
- Urgent care
- Patient experience

The tool includes additional data such as Quality Outcome Framework exception reports, practice list size, Index of Multiple Deprivation, and practice demographics and it groups practices according to overall performance. The CCG will be validating the data for BNSSG practices and identifying opportunities to support practices to improve performance.

In July the Committee also received an overview of the work in medicines optimisation to reduce the number of prescribed broad spectrum antibiotics and the development of the Medicines Optimisation Prescribing Quality Scheme which has a focus on antibiotics and multidisciplinary medication reviews. The Committee was also advised of the new BNSSG-wide online Datix reporting tool which went live in July and will enable practices to report patient care concerns in a consistent way across BNSSG CCG. The new integrated quality and performance report in July also incorporated performance data on delivery of Improved Access and referral variation.

8. Finance

In April 2018, BNSSG CCG assumed responsibility for primary care delegated budgets totalling £122.8m, combined with existing primary care services (excluding medicines management) commissioned by the CCG with planned expenditure of £19.1m, Primary Care budgets for 2018/19 total £141.2m.

At the 30th of June 2018, the CCG is reporting a year to date underspend of £28k against a year to date budget of £35.6m. The forecast out-turn remains at break-even, in line with planned expenditure levels of £141.2m

The primary care budgets include an income budget of £732k in relation to market rent funding for GP premises. It is assumed that the increase in costs due to the move to market rent policy will be funded by NHSE as in previous years.

NHSE have highlighted an increase in the level of locum expenditure being incurred by GP practices across the South West region. At this stage of the financial year, there is limited information as to the impact this is having on planned locum spend in BNSSG CCG, but a more detailed forecast will be available and reported on in future months.

9. 2018/19 Forward Plan

The activities for the rest of the year include the following: -

- GPFV overview
- STP General Practice Resilience and Transformation project mandate
- Workforce delivery plan and workforce trajectory
- BNSSG Primary Care Strategy (November 2018)
- E Consultations (Piloted September 2018)
- Weston and Worle Intensive Support Site project update
- Improved Access locality delivery report
- Specifications for BNSSG Enhanced Services and the Locality Transformation Scheme Phase 3 (January 2019)
- Award of the Locality Health APMS contract
- Proposal for Bishopston, Charlotte Keel and Northville practice APMS procurement

A work plan setting out delivery across months and quarters is being worked up via PCOG

10. Legal implications

There are no legal implications anticipated in relation to this report.

11. Risk implications

A risk register is being developed for PCOG to hold to ensure risks are recognised and mitigated.

12. Implications for health inequalities

No health inequalities issues arise as a result of this report.

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

None

14. Consultation and Communication including Public Involvement

Procurements and mergers described have and are undertaking proportionate patient and public engagement ahead of any change to ensure services provided meet the needs of those using them.

15. Recommendations

The Governing Body is asked to note the delivery of the primary care work plan and budgets noting the key risks outlined above.

Report Author: David Moss, Head of Primary Care Contracts and Jenny Bowker, Head of Primary Care Development

Report Sponsor: Lisa Manson, Director of Commissioning

Glossary of terms and abbreviations

QOF	Quality and Outcomes Framework. Practices can earn additional funding by meeting key clinical targets
DES	Directed Enhanced Service. Nationally negotiated services, over and above those provided under usual contracts, which the CCG is obliged to commission.
BPCAg	Bristol Primary Care Agreement. Contract offered to Bristol practices with payment being made upon achieving certain criteria set by the CCG.
PMS Review	A review into the amount PMS practices were being funded above other practices, called the PMS Premium. PMS Premiums are being phased out over 4 years from 2016/17 with the amount saved being transferred to CCGs for reinvestment in Primary Care.
Supplementary Services	The PMS Premium received by NHSE is reinvested equally amongst all practices that agree to provide “supplementary services”, additional services provided by practices that are not covered within the core contract.

GPFV	General Practice Forward View. Additional funding support for practices over several years.
Section 13Z	The National Health Service Act 2006 (as amended) (" NHS Act ") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG
PCOG	Primary Care Operational Group is a sub group of Primary Care Commissioning Committee
PCCC	Primary Care Commissioning Committee
LLG	Locality Leadership Groups are the clinical leadership teams meetings held across BNSSG
MIG	Minor Improvement Grant
CEPN	Community and Provider Education Network