

Meeting of Governing Body

Date: Tuesday 2nd July 2019

Time: 1.30pm

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

Agenda number: 9.6

Report title: Primary Care Commissioning Committee (PCCC) quarterly Governing Body report Q4 2018/2019

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

1. Purpose

To provide a summary of the final quarter of the Primary Care Commissioning Committee's activities and decisions in 2018/2019 to the Governing Body and to ensure the full commissioning pathway is presented to Governing Body.

2. Recommendations

Recognise the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarter four 2018/19.

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

3. Executive Summary

The report gives a summary of the activities undertaken at the Committee between the months of January and March 2019 including updates on matters of contracting, quality, GP Forward View delivery and service transformation.



4. Financial resource implications

2018/19 out-turn

The CCG submitted a balanced financial plan at the start of the year, however, a number of cost pressures arose in year, as reported to PCCC throughout the course of 2018/19, which meant the CCG reported an in-year deficit of £1,100K. This was principally due to locum costs, reimbursable to practices as per national guidance, and which were £1m in excess of the budget transferred to the CCG under delegation.

2019/20 budget

In March the Committee received a report detailing primary care budget setting for 2019/2020. A balanced plan has been submitted based on the assumption that the CCG will receive an additional £1.7m of income. This is described more fully in the main report.

5. Legal implications

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

6. Risk implications

The March budget setting paper to the Committee set out the key risks to delivery of the financial plan. These are highlighted in the main report to Governing Body.

7. Implications for health inequalities

Non applicable

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

Non applicable

9. Implications for Public Involvement

Nothing to note

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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 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 four update therefore provides a summary of the final quarter's activities and decisions in 2018/2019.

2. New Contract Reform

GP Contract Reform Next Steps

The document published on 31 January 2019, sets out agreements between NHS England, the BMA General Practitioners Committee (GPC) in England, supported by Government to translate commitments in the NHS Long Term Plan into a five-year framework for the GP services contract.

It confirms the direction for primary care over the next ten years whilst seeking to meet the reasonable aspirations of the profession.

Specifically, the agreement:

- Seeks to address workload issues resulting from workforce shortfall
- Brings a permanent solution to indemnity costs and coverage
- Improves the Quality and Outcomes Framework (QOF)
- Introduces automatic entitlement to a new Primary Care Network (PCN) Contract
- Helps join-up urgent care services
- Enables practices and patients to benefit from digital technologies
- Delivers new services to achieve NHS Long Term Plan commitments
- Gives five-year funding clarity and certainty for practices.

An overview of the contract framework was shared with the Committee at the February meeting and it was agreed that a communication plan, particularly with practices, in the first instance is needed to address the questions which arise from this significant contract reform. The key engagement opportunities were shared at the March Committee to set out how practices could register as part of Primary Care Networks by 15th May in order to become established from 1 July 2019.

3. Local Enhanced Services (LES) Review

The Primary Care Commissioning Committee received the concluding papers for the LES review at the 29th January 2019 meeting. At this meeting the Committee received:

- the final specification for GP Support to Care Homes
- the final evaluation and recommendations for the future of the Minor Injuries schemes in South Gloucestershire and North Somerset
- the proposed financial tariffs for the 2019/2020 LES offer for BNSSG and financial analysis
- project closure recommendations and concluding next steps

The Committee discussed each of the papers in turn in depth. The amendments to the GP Support to Care Homes specification, made in light of feedback from practices, were highlighted. The Committee also discussed the need to consider the application of this LES in future to homes for people with Learning Disabilities as this may benefit from a more tailored offer.

The forecast spend in the report was noted. It was explained that the £515k increase in investment in LES for the CCG could be afforded from the £1.7m which has been released from the cessation of the Bristol Primary Care Agreement and the Compact in South Gloucestershire.

The Minor Injuries schemes were set up to provide 'in-hours' (8.30am and 6.30pm Monday to Friday) minor injury provision for local populations as an alternative to attending A&E. The

evaluation found that no evidence of system impact could be demonstrated and that the schemes did not represent value for money, such that the CCG could not recommend their continued adoption or spread across BNSSG. The Committee discussed the development of the urgent care strategy and key elements of this which mitigate risk including:

- New 111 service from 1st April
- Maintaining and extending the ability for x-ray hot reporting (urgent same day reporting)
- Consistency in opening hours of Minor Injury Units across BNSSG including extension of hours and x-ray support to Yate MIU.

The Committee approved the specification for GP Support to Care Homes and the offer of a one year contract with a move to a locality model from 1st April 2020, supported the recommendation to ask the Mental Health and Learning Disabilities transformation team to review the requirements for support to homes which cater for people with Learning Disabilities during 2019/2020, supported the recommendation to conclude enhanced service payments for minor injuries services in South Gloucestershire and North Somerset from 1st April 2019, approved the proposed tariffs for the full LES offer for 2019/2020 and supported the proposed project closure steps and the ongoing roles and responsibilities set out in the report.

4. Ethical Decision Making Framework

In February the Committee noted that Governing Body had approved the BNSSG CCG Ethical Framework for Decision-Making and approved the BNSSG CCG Ethical Framework for Decision-Making for use by the Primary Care Commissioning Committee.

5. Improved Access and Alliance contracting

The Primary Care contract team reviewed the service specification contained in the current Improved Access contract. Proposed amendments to the specification were presented to ensure it adhered to current national guidance and ensuring delivery would provide sufficient assurance to NHS England of the CCG Improved Access offer to BNSSG patients. These were supported by the Committee at the 29th January meeting.

6. GP Forward View

In January the Committee received a presentation in relation to primary care network (PCN) development. The Committee noted the presentation outlining local assessment against the PCN maturity matrix and supported the recommendation to commit the non-recurrent funding allocation of £473k to further locality organisational development, the development of models of care and population health management.

General Practice Transformation and Resilience

At its February meeting the Committee received a presentation giving an update on the Healthier Together STP General Practice Transformation and Resilience (GPRT) work stream. This included the mandate, vision and goals, governance and delivery plan. The development of a self-assessment resilience tool for practices was shared with the Committee. This has been developed in collaboration with One Care Limited, the LMC and practice provider leads. The aim is to make this available to all practices to complete and to accompany it with a resilience support toolkit. It can also assist PCNs and localities to jointly consider their resilience. The Committee discussed the resilience tool and made further suggestions for its development and application. It was agreed that it should be piloted with practices before it is made available across BNSSG and that an update on progress should come to the Committee in spring.

7. Primary Care Quality reports overview

The Committee has received monthly reports on quality in primary care. Each month the report provides information regarding Care Quality Commission (CQC) publications, Friends and Family Test data, quality improvement projects, any quality escalation issues and the final Flu Vaccine uptake position for quarter 4 of 2018/19.

Care Quality Commission

During quarter 4 of 2018/19, 11 practices had their CQC inspection reports published. Of the 11, two practices (Graham Road and Charlotte Keel) received an overall rating of 'Requires Improvement'. At the end of financial year all but these two GP practices across BNSSG had an overall rating of 'Good' or 'Outstanding'. Where concerns have been raised within the published reports the quality team have contacted the practices to offer support with improvement actions.

However, on 14th May 2019, Charlotte Keel has had their CQC inspection reviewed following appeal and their overall rating was changed to 'Good', with the 'Well Led' domain changed to 'Good' also. It is noted this practice still has a 'Requires Improvement' for the 'Safe' domain.

Flu Uptake

Flu vaccine uptakes in BNSSG primary care were above the national average for 'At Risk groups' and the 'over 65' age group.

At Risk - (6 months - to Under 65 years)	65 and Over
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National end of season ambition	National Uptake	BNSSG	National end of season ambition	National Uptake	BNSSG
55%	46.7%	49.4%	75%	71.2%	76.3%

The BNSSG CCG was congratulated at the NHS South West Screening and Immunisations Conference in March 2019 for the excellent uptake figures this year. These congratulations were passed on to the practices, noting BNSSG had the highest uptake for the over 65s in the South West.



... on NHS England website regarding any Brexit issues relating to administration.
 ... in team have contingency plans in place with the advice not to stockpile.

End of season Flu Vaccination Uptake Rates

3 months - to Under 65 years)	65 and Over
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Comment [YJ(C11)]: Kat-can we add the latest figures ?76.4% for over 65s
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The Quality Team is leading an Influenza Group in preparation for the next season, which includes stakeholders across BNSSG from Public Health England, Screening and Immunisations, Local Medical Committee, Locality Teams, Local Authority Leads and Regional Representatives.

Friends and Family Test (FFT)

As a result of contacting practices who had not submitted their FFT data to NHS England in the previous months, the submission rate increased to 82% in January 2019. This submission rate was significantly higher than the national average at 61% and a 21% increase from the December submission. Due to the lag time this data was reported at the March PCCC meeting. Further contact will be made with the practices who have not submitted data in the following months to ensure that this improvement is sustained.

Incident reporting

In January 2019, the committee were provided with information regarding Primary Care (GP) incidents which were reported in quarter 3. Practices within BNSSG had reported 16 incidents; none of these incidents were Serious Incidents. The majority of incidents reported were related to vaccination issues. The Quality team has undertaken work to raise the profile of incident reporting by practices and work on this will continue in 2019/20.

Medicines Optimisation

In January the PCCC were provided with the Quarter 3 medicines optimisation data which focused on antibiotic prescribing in primary care. BNSSG GP Practices benchmarked well against the England CCG median for antibiotic prescribing. However it was noted that the CCG remained above the England CCG median for broad spectrum antibiotic prescribing. It was noted that the Medicines Optimisation team offer support to individual GP practices that showed above average rates.

Focused Quality Domains

The Primary Care Commissioning Committee received detailed information on the focused quality domains of Workforce and Resilience (January) and Diabetes (February). The March Cardiovascular domain was deferred to the April committee to allow a separate paper to be included written by the Clinical Effectiveness team.

The workforce and resilience data identified an expected shortfall of 70 GPs by 2020 in terms of maintaining current numbers of GPs. The report focused on the work programmes and initiatives in place to address this issue within the BNSSG STP.

The focus on diabetes data highlighted that BNSSG as a whole reported higher compliance than the national average against three nationally benchmarked indicators regarding diabetes care. Information regarding the work programmes in place includes changes to EMIS (pop up alerts, population searches), diabetes structured education and GP champions.

Improvement and Assessment Framework

In January 2019 the committee were presented with an update on the four Primary Care measures in the Better Care section of the Improvement and Assessment Framework (IAF). These measures are Patient experience of GP services, Primary care access, Primary care workforce and Primary care transformation investment. Two of these measures showed data above the national average, one showed an improving picture and the other which related to Primary Care transformation investment, showed as red. However it was noted that this related to a reporting issue and it was confirmed that this investment has been fully committed.

8. Prescribing Quality Scheme

In March the Committee received a report proposing the adoption of a prescribing quality scheme and recommending the funding methodology to support the scheme in 2019/2020. The recommendation was that the CCG adopt fair share budget setting for primary care prescribing budgets at practice level for 2019/20. The recommended methodology was supported and it was agreed there is a phased approach over 2 years to get all practices to spending within their allocated budget.

9. Referral Management

In March the Committee received and discussed a presentation on referral management. This gave an overview of referral data and the support available to referrers through the clinical peer review referral service and actions to address practice variation. This highlighted that for GP referrals we benchmark well when compared to the south of England CCGs and to peers. We benchmark higher, however, for diagnostics. The presentation also gave an overview of the ethos of the referral service and its outcomes. Of the 14% of referrals returned to primary care 6-8% remain in primary care. The presentation set out the priorities for further roll out of the service, further development of Remedy and improved integration with hospital based advice and guidance services.

10. Review of Committee Effectiveness and Review of Terms of Reference

In March the Committee conducted a review of the effectiveness of the Committee in its first year of operation. The Terms of Reference were also reviewed. Following the review it was concluded a forward work plan for the Committee would be developed and that the Committee would develop a plan for 8 business meetings with seminars in the remaining months for 2019/2020. In addition, it was concluded that a practice manager should be invited to join the Committee as a non-voting member and that we should again seek to identify an out of area GP who could join the Committee. The Committee recommended the reviewed Terms of Reference be shared with the Governing Body for further consideration and approval and that they be incorporated into the CCG Constitution which will be submitted to the CCG membership for their agreement in April 2019.

11. Finance

2018/19 out-turn

The CCG submitted a balanced financial plan at the start of the year, however, a number of cost pressures arose in year, as reported to PCCC throughout the course of 2018/19, which meant the CCG reported an in-year deficit of £1,100K. This was principally due to locum costs, reimbursable to practices as per national guidance, and which were £1m in excess of the budget transferred to the CCG under delegation.

2019/20 budget

In March the Committee received a report detailing primary care budget setting for 2019/2020. The Committee noted the confirmed Primary Care Medical revenue resource limit for 2019/20 of £127,655K, the expenditure plan totalling £129.3m before additional income and that a balanced plan has been submitted based on the assumption that the CCG will receive an additional £1.7m of income.

12. Legal implications

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

13. Risk implications

The March budget setting paper to the Committee set out the key risks to delivery of the financial plan are as follows:

Additional Funding

In order to submit a balanced financial plan, assumptions have been made about additional income to cover the following recurrent costs. In total there is £1.7m of assumed additional income, which, if not received during 2019/20 will result in the CCG overspending against its allocation. This has been submitted to NHS England as a formal risk as part of the CCGs operational and financial plan submission for 2019/20.

Slippage on number of additional roles appointed to under Network DES

Slippage of 50% (£865K) has been assumed on the maximum level of reimbursement to practices for additional roles employed appointed to under the Network DES. This is based on the low likelihood that the 31 of each professional staff group (clinical pharmacists and social prescribing link workers) will be employed by Networks and in post from 1st July 2019.

14. Implications for health inequalities

Non applicable

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

Non applicable

16. Consultation and Communication including Public Involvement

Nothing to note

17. Recommendations

Recognise the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarter four 2018/19.

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

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Appendices – n/a

Glossary of terms and abbreviations

BMA	The British Medical Association is the professional association and registered trade union for doctors in the United Kingdom.
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.
QOF	The Quality and Outcomes Framework (QOF) is a voluntary reward and incentive programme. It rewards GP practices, in England for the quality of care they provide to their patients and helps standardise improvements in the delivery of primary care
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.
GPRT	General Practice Resilience and Transformation – the name of a work stream within the STP
STP	STP stands for sustainability and transformation partnership. These are areas covering all of England, where local NHS organisations and councils drew up shared proposals to improve health and care in the areas they serve.