

Agenda item: 9.3

Report title: Primary Care Commissioning Committee (PCCC) quarterly Governing Body report Q1 2019/2020

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 one update therefore provides a summary of the first quarter's activities and decisions in 2019/2020.

2. New Contract Reform

In April 2019 the Committee received a report giving an overview of some of the key changes in the GP contract. These included:

- The formation of Primary Care Networks
- Clinical Negligence Scheme for General Practice - A new state backed indemnity scheme from April 2019 for all general practice staff including out-of-hours.
- Improvements to the Quality and Outcomes Framework (QOF) to bring in more clinically appropriate indicators such as diabetes, blood pressure control and cervical screening.
- Additional funding of IT to allow both people and practices to benefit from the latest digital technologies. All patients will have the right to digital-first primary care, including web and video consultations by 2021. All practices will be offering repeat prescriptions electronically from April 2019 and patients will have digital access to their full records from 2020.

The Committee noted the engagement undertaken with practices during a series of contract roadshows and received the presentation shared with GP practices. The paper set out the principles which would be used to agree Primary Care Networks (PCNs) locally and also set out the proposed timeline and assurance process for authorising PCNs, culminating in confirmation of PCNs at the 25th June Primary Care Commissioning Committee meeting. The local principles are that Primary Care Networks should:

- Serve the local population in a way that makes sense for that population
- Be contiguous, with no practice being left behind
- No smaller than 30,000 but bigger than 50,000 where locally agreed
- Participate fully as a core part of the wider locality (may require some change to locality boundaries)

The Committee supported the adoption of the local principles and agreed the proposed assurance timeline to support authorisation of Primary Care Networks.

Primary Care Networks in BNSSG

In June the Committee received a paper outlining the establishment of PCNs in BNSSG to commence from 1st July. The Committee was presented with an overview of the assurance review process. 18 Primary Care Network applications were received, 4 required further assurance as at the end of May. This had been received from one of the PCNs and at the June Committee meeting delegated decision making was supported to confirm the establishment and full authorisation of 3 PCNs, noting that discussions were taking place to support this by 27th June. Since this time all 18 Primary Care Networks have been confirmed and formally started from 1st July 2019. Details of the 18 Primary Care Networks were included in a table and map to the Committee. The Committee was also advised of key next steps including the formation of a PCN development plan, which will

form a key part of the primary care strategy refresh. A paper on the Primary Care Networks was presented to Governing Body at the July Governing Body meeting.

3. GP Forward View

General Practice Transformation and Resilience

In April the Committee received a paper giving an overview of resilience support to practices. This includes the Time for Care programme promoted to all practices, the GPFV funded General Practice Resilience Programme and the Intensive Support Site pilot in Weston and Worle. The paper demonstrated the process and governance which would be used to identify and offer support to practices through the resilience programme or through Section 96 support. This was set out in a flow chart and toolkit which set out the steps which would be taken to understand and diagnose resilience and then develop and agree improvement plans with practices. In addition, the paper gave an update on the work of the General Practice Resilience and Transformation STP work stream and the development of the resilience self-assessment tool for practices. It was agreed that the self-assessment tool would be tested by a number of practices, including by the clinical lead members of PCCC prior to wider roll out.

4. Primary Care Strategy

The Committee noted the approach and timeline to refreshing the BNSSG Primary Care Strategy at its April meeting. The paper presented to the Committee set out a timeline for engagement and refreshing of the strategy for approval by the CCG Governing Body in October. The strategy refresh will set out how we will ensure sustainability and transformation of primary care and general practice as part of the overarching strategy to improve population health. The strategy will incorporate:

- Local investment in transformation with local priorities identified for support
- A PCN development plan
- Embedding primary care at the heart of locality developments
- Provider integration
- Increasing focus on population health and local partnerships through new Integrated Care Systems (ICS)
- A local workforce plan which supports the development of an expanded workforce and multidisciplinary teams and sets out the strategy to recruit and retain staff within primary care and general practice
- Digitally enabled primary care and outpatients
- Value Based Healthcare

A system-wide Primary Care Strategy Working Group, chaired by Dr Geeta has been established to oversee the work and a detailed communications and engagement plan has been developed.

5. APMS Procurement

The contract at Northville and Bishopston Medical Practice serving circa 15,000 patients will expire on 30 September 2019 following list handbacks by GP partnerships 3 and 2 years ago respectively. On 26th February 2019 and 26th March, the Primary Care Commissioning Committee reviewed two detailed option papers regarding the two APMS contracts that considered existing arrangements for patients at the practice and consider how best we can meet their needs for sustainable, high-quality GP services over the long-term.

The committee approved a period of patient and community consultation for Bishopston Medical Practice and Northville Family Practices, to help inform a decision on the most appropriate next steps for each practice. The consultation engaged and reviewed the following options for each practice and explored how these options will impact the population groups within the local areas.

- Option 1: A patient list dispersal for the practice.
- Option 2: Procurement of a provider (incumbent or new)

The CCG engaged widely with local providers, current staff, patients and stakeholders on the three options. The outcome of the engagement was presented to the CCG's Primary Care Commissioning Committee on 25 June 2019 and the decision was made to support a managed dispersal of patients to the surrounding GP providers. This means the Bishopston and Northville sites will **close on 30 September 2019**. The committee believe this to be the best decision to ensure long term, good quality, and sustainable primary care for the patients served.

A summary of the engagement feedback is available via the CCG website, at:
<https://bnssgccg.nhs.uk/get-involved/surveys-and-consultations/bishopston-practice>
<https://bnssgccg.nhs.uk/get-involved/surveys-and-consultations/northville-practice>

The local surrounding practices have been keen to engage with the CCG to support the patients of these practices, and during the extensive engagement, have confirmed that they have the capacity to accept the patients that will likely register with them based on the area geography. There is capacity for all of the patients from the current practices to register with others in the area, and no one will be without a GP.

6. Primary Care Quality reports overview

The Committee receives monthly reports on quality in primary care. Each month the report provides information regarding Care Quality Commission (CQC) practice related publications, Friends and Family Test data, complaints, incident reporting, any quality escalation issues and focused quality domain data. For quarter 1 of 2019/20 the quality domains were Mental Health and Cardiovascular Disease (CVD) indicators (April) and Prescribing and Respiratory Care indicators (June).

Care Quality Commission

During quarter 1 of 2019/20, 5 practices had their CQC inspection reports published. Of the 5, all practices received an overall rating of 'Good'. At the end of quarter 1 2019/20, only one BNSSG GP practice had an overall rating of 'Requires Improvement' and there were no practices rated as 'Inadequate'. Where concerns have been raised within the published reports the quality team have contacted the practices to offer support with improvement actions.

Of the five practices, two have one CQC domain rated as 'Requires Improvement'. These are Fireclay (St. George Health Centre) and Charlotte Keel Medical Practice and both have this rating for the 'Safe' domain. Work is going with both practices to support improvements with the concerns raised by the CQC.

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 rates reported between April and June showed a significant higher response rate than the average England rate. Due to the lag time for reporting FFT data, for the first quarter of 2019/20 February, March and April's data was presented. The overall BNSSG response rates have fluctuated over the three month period (75%, 86.6% and 75.6% respectively). However these response rates remain significantly higher than the national average of approx. 60%. On a monthly basis practices are contacted to reiterate the contractual requirement to submit data. In May those practices who had continued not to submit data were formally written to by the Head of Primary Care Contracts. Improvements following these letters are expected to be seen in the May 2019 data (July quality report).

Primary Care Complaints

Complaints: In April the 2018/19 Quarter 3 complaints data was reported to the committee. Primary Care complaints are managed by NHS England and high level data is shared with the Quality team. Thirty three complaints about GP practices in BNSSG were received during the quarter. From these, the three most frequently raised concerns or issues related to clinical treatment, including diagnosis issues, communication and staff attitude. This data is used with other sources of patient data to support quality improvement.

Incident Reporting

In June 2019, the committee were provided with information regarding Primary Care (GP) incidents which were reported during quarter 4 of 2018/19. Practices within BNSSG had reported 12 incidents; two of these incidents were escalated to Serious Incidents and fully investigated by the practices. The majority of incidents reported related to vaccination issues. The Quality team has undertaken work to raise the profile of incident reporting by attending Members Events and drafting guidance to support future reporting. The GP clinical lead for Quality has developed an on line Quality e-forum as a platform for sharing the learning from incident reporting with all practices.

Focused Quality Domains

The Primary Care Commissioning Committee received detailed information on the focused quality domains of Mental Health and CVD (April) and Prescribing and Respiratory Care (June). The benchmarked data is reviewed at practice, locality and CCG level with comparisons made with NHSE nationally set targets, England averages and core cities.

Mental Health Data: Of the six Mental Health indicators BNSSG is above the national average for four, with two indicators showing poorer performance than the England average. All practices have kept the same overall rating for Mental Health from 2016/17 to 2017/18. The monthly report focused on the quality improvement work being undertaken by the Localities and Medicines Optimisation teams including creation of an individualised and structured shared-care plans, improving direct communication between GPs and Consultant Psychiatrist, plans to improve physical health monitoring for patients with severe mental illness, and the plans for all practices to undertake reviews to analyse the use of antipsychotics, Benzodiazepine and Z Drugs and Gabapentoids.

Cardiovascular Disease Data: Of the seventeen indicators for Cardiovascular Disease ten saw BNSSG as on or above the national average. For six of the indicators where BNSSG is below the national average this is by less than 1%. Ten of the indicators saw an improvement in BNSSG from 2016/17 to 2017/18. The clinical effectiveness team also provided a report on CVD data using RightCare benchmarking information at GP practice level and highlighted the work planned through the Healthier Together Prevention Programme, including work of the CVD Risk Factors Implementation Group and the Healthier Together Stroke Programme.

Prescribing Data: The NSAID indicators are currently showing that BNSSG CCG is slightly below the England averages, however, the two antibiotic related indicators are showing an equal or better performance than the England average. The June report noted the work being undertaken by the Medicines Optimisation teams, including specific audits reviewing prescribing practice as well as newsletter articles and OptimiseRx messages to promote safe prescribing. The also notes the Medicines Optimisation work with outlier practices to reflect on their prescribing practice relating to NSAIDs and antibiotics and the support offered to reduce inappropriate prescribing. The report also focuses on the promotion of self-help and the support materials and information on products available over the counter for local prescribers in order to support local implementation of the NHS England guidance.

Respiratory Disease Data: Of the seven indicators for Respiratory Disease BNSSG as a whole achieved the target for the six indicators with a nationally set target. The June report focused on the work being planned by the clinical effectiveness team regarding chronic obstructive pulmonary disease (COPD) working with NHS Improvement (NHSI) to ensure that all people receive guideline level care for this disease. This work is at an early stage, the locality teams will help identify those practices that will benefit from this improvement work.

7. An Evaluation of a Centralised Repeat Prescription Management Hub in North Somerset

A report on the evaluation of a centralised prescription management hub in Tyntesfield Medical Group was shared with the Committee in June. The evaluation demonstrated positive impacts and further roll out of this model was supported by the Committee. The report demonstrated that the pilot achieved its aims and the Committee supported the recommendation that further system investment is made available across BNSSG to adopt Repeat Prescription Management Hubs across the emerging Primary Care Networks (PCNs) with a minimum population of 30,000 patients. It was recommended this investment be a joint venture between the CCG and PCNs with both gaining benefit. The Committee recommended that further work be undertaken on the financial model to support the gain share proposal and that this should also be sponsored by the Strategic Finance Committee. The Committee also supported PCN's using some of the £1.50 PCN funding to develop Repeat Prescription Management Hubs across the emerging Primary Care Networks, noting that there may also be other calls on the £1.50.

8. Locality Transformation Scheme 19/20 – Delivering Frailty and Community Based Same Day Emergency Care

In June the Committee received an update on the Locality Transformation Scheme with proposals for 2019/2020. The Committee noted the progress made through the Locality Transformation scheme in 18/19 and approved the following areas of focus for 19/20:

a) **Delivery of LTS Phase 2 Programmes**

£0.50 per head of population released to support delivery of BNSSG Frailty model and continued engagement in Mental Health strategy development.

b) **Development of Locality Based Urgent Care Services**

£0.50 per head of population released July 2019 for development of proposals for Locality Based Urgent Care Services

Localities have been asked to develop proposals to mobilise from quarter 3 onwards. The Committee discussed the need to develop a consistent approach to gain share models for urgent care as well as for prescribing hubs.

9. Finance

At month 3, BNSSG CCG is reporting a year to date, and forecast breakeven position for all Primary Care budgets. This includes an uncommitted contingency of £638k within delegated budgets. There are a number of emerging risks (see below) that will impact on the reported breakeven position in future months, and the full financial implications of these will be presented in future reports to Governing Body and PCCC.

Market Rent Funding

The CCG had assumed additional income (over and above the notified revenue resource allocation) of £665K in 2019/20 planning assumptions, based on non-recurrent allocations being received in the previous two years.

It has now been confirmed by the national allocations team that this allocation has been built into the CCGs notified primary medical care recurrent allocation, and there will be no further allocation in 2019/20.

Locum Funding

The CCG had assumed additional income (over and above the notified revenue resource allocation) of £1,000K in 2019/20 planning assumptions, based on analysis showing that there was an underlying shortfall in the allocation received by the CCG in 2018/19.

The CCG continues to present a £1.6m recurrent cost pressure and risk associated with delegated primary care budgets for the above two issues with NHS England, and this has now been escalated to the regional Director of Finance.

APMS Contract Expiry

3 APMS contracts expire on 30th September 2019, with either a procurement process for a new provider, or a managed list dispersal potential outcomes to ensure long-term and sustainable contract resolutions.

The contracts and finance department are working closely to understand the potential additional (non-recurrent) costs of either a procurement for a new provider or a managed list dispersal, and seeking to minimise the risk of any significant additional costs over and above budgeted amounts, whilst ensuring a long-term sustainable and affordable solution.

Medicines Management - Category M Price increases

Category M reimbursement prices are being amended from 1 August 2019. This is outside of the usual three monthly cycle, in which Category M reimbursement prices are updated because the Department of Health and Social Care, with the Pharmaceutical Services Negotiating Committee's agreement, is increasing Category M reimbursement prices by £15 million per month.

Based on the CCG share of the cat M spend currently being 1.56%, this equates to a potential additional £234,000 cost per month, and a total cost pressure in 2019/20 of £1.87m.

10. Legal implications

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

11. Risk implications

The dispersal of 15,000 patients to new practices is being closely managed to ensure vulnerable patients are supported, practices deliver on creating the capacity required and risks are identified and mitigated. A working group between the CCG and practices affected will oversee this work throughout transition.

12. Implications for health inequalities

Non applicable

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

Non applicable

14. Consultation and Communication including Public Involvement

Nothing to note

15. Recommendations

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

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

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Report Sponsor: Lisa Manson, Director of Commissioning, Martin Jones, Medical Director, Commissioning & Primary Care, Janet Baptiste-Grant, Interim Director of Nursing and Quality

Appendices – n/a

Glossary of terms and abbreviations

APMS	A time limited contract that is typically issued when GP partners hand back a list to commissioners
FFT	Friends and Family Test – national patient survey
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.
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.