

# Primary Care Commissioning Committee (PCCC)

Date: Thursday 3<sup>rd</sup> January 2019

Time: 1-2.30pm

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

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## Agenda item: 8

### Report title: Medical Contract Overview Report - December 2018

Report Author: David Moss, Health of Primary Care Contracts

Report Sponsor: Lisa Manson, Director of Commissioning

#### 1. Purpose

This report provides an overview of BNSSG CCG contracts and performance in 2018/19 year to date.

#### 2. Recommendations

To note the performance and contractual status of Primary Care

#### 3. 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.

#### 4. 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.

## **5. Risk Implications**

There are risks associated with the procurement of the Locality Health Centre which will be considered through a separate paper.

## **6. Implications for Health Inequalities**

Monitoring of Primary Care performance will highlight any areas of health inequalities within BNSSG CCG which will be addressed accordingly.

## **7. Recommendations 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.

## **8. Implications for 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.

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#### 1. Purpose

To update primary care operational group on the status of BNSSG primary care contracts.

#### 2. Primary Care Performance Management Monitoring

BNSSG CCG currently commission Improved Access from One Care (BNSSG) Ltd. One Care are commissioned to deliver on average an additional 45 minutes / 1000 population (weighted) per week access to general practice. Current performance across BNSSG is as follows:

	April	May	June	July	August	September	October
Av Minutes / week BNSSG	39.6	37.9	44.2	39.4	39.2	48.9	36.0

October 2018 was the first month of localities implementing their Improved Access plans. All six localities met the minimum standard of 30 minutes per 1,000 population per week. The number of minutes delivered has decreased but is expected to rise across November and December as localities start to deliver additional minutes across winter. Early indications are that November minutes are at the same level for November 2017.

	<b>North and West Bristol</b>	<b>South Bristol</b>	<b>Inner City and East</b>	<b>Weston, Worle and Villages</b>	<b>Woodspring</b>	<b>South Glos.</b>
	(176, 631)	(162,360)	(152, 886)	(117,970)	(108,172)	(246,956)
Average weekly minutes provided per 1,000 weighted population	32.5	35.6	33.8	37.3	44.8	31.8

NHS England now require fortnightly winter returns to be completed. The nature of the return covers aspects of the 7 core requirements of Improved Access. One of the requirements is the ability for patients to be directly booked into a practice appointment by NHS 111. Nationally the ambition was that this would be possible from 1 October 2018. Locally there have been technical barriers that have meant that this is not yet possible. NHS 111 works on a different IT platform to practices, OneCare are working with the CCG to roll out the technical solution. It is anticipated that this will be available towards the end of January 2019. Alongside this practices have requested assurance on the algorithm being used by 111 to triage patients before they are booked into available slots; OneCare is working with representatives from the CCG and Care UK to agree how this will work.

Following confirmation from OneCare that 100% of practices are advertising on practice websites, NHS England and the CCG have undertaken an audit. Unfortunately, initial results indicate that the information is not routinely available on all websites and there are some where the messaging does not fully meet expectations. BNSSG CCG are working with OneCare to ensure all practices are advertising as expected by the end of December 2018. The CCG will re-audit in early January 2019 if required.

OneCare has declared that 100% of practice receptionists are able to signpost and offer IA appointments on an equal basis to routine appointments, BNSSG CCG has requested that this is audited as best possible and have asked practices to submit a declaration to confirm they are satisfied that receptionists are trained to be able to offer appointments in this way.

Due to a large merger one practice in Bristol is currently not able to offer full coverage of Improved Access until 8pm on every weekday. BNSSG CCG is working with OneCare to ensure that these patients are able to access services at these times.

### 3. Referral Data

The CCG currently manages referral variation via the referral service for Bristol and North Somerset where all referrals are checked at the point of referral by local clinical and administrative referral experts. Referrers receive personal bespoke feedback where necessary. As a result GP referrals have been falling for the last 2 years and continue to fall this year and BNSSG has low referral rates when benchmarked with other areas.

BNSSG CCG continues to analyse referral rates to support best practice and manage variation.



GP Referral data is taken from the monthly activity return, e-referral, direct data from the Trusts and first outpatient attendance numbers. Based on 17-18 data, analysis has established a list of GP Practice outliers against the following specialities:

- Breast Surgery
- Cardiology
- ENT
- Gastroenterology
- General, Colorectal and Upper Gastro Intestinal Surgery (combined due to Trust reporting)
- General Medicine
- Gynaecology
- Ophthalmology
- Paediatrics
- Pain Management
- Plastic and Dermatology (combined due to Trust reporting)
- Respiratory Medicine
- Rheumatology
- Trauma & Orthopaedics
- Urology
- Vascular Surgery

In addition, the diagnostics variation tool allows practices to compare their imaging requests for CT, MRI and Ultrasound respectively.

Practices are considered to be outliers where they fall outside of three standard deviations from the mean. Appendix 1 details a locality presentation of variation.

It has been agreed that a workshop will be held at each of the respective Bristol, North Somerset and South Gloucestershire membership in January and February 2019. A personalised letter will be sent to each practice including the areas for which each are showing as an outlier by the end of December 2018. This will be addressed to the practice representative and the practice manager. The letter will notify practices of the workshop with the content being planned in early January 2019. A named contact at the CCG will be identified for practices to discuss and raise any queries they may have around the data.

## **4. Local Enhanced Services**

Quarter 2 claims for enhanced services have been received and processed. An update on the financial value is included within the finance report.

### **4.1 MMR Active Call Scheme**

In response to a request from NHS England, BNSSG CCG responded to a local increase in measles cases amongst 16-25 year olds by offering an additional enhanced service to all practices in May 2018. Practices that signed up were required to write out to eligible patients (those aged 16-25 without a full MMR vaccination record) to invite them to attend the practice for immunisation. The content of the letter was agreed between the CCG, NHS England and Public Health England. After the initial letter practices were then required to send one further follow up communication by either, letter, email, text, telephone call or face to face discussion. Practices were paid £1.50 for each patient that received the two

separate communications. The scheme ran from 1 June 2018 until 30 September 2018. 70 practices signed up in total. 1,103 people received at least one dose as a result of being invited with 847 now considered fully immunised. BNSSG CCG has asked colleagues at Public Health England to support some additional analysis to map uptake against outbreak levels.

## 5. Current Contracts

CCG	APMS	PMS*	GMS	Total
Bristol, North Somerset and South Gloucestershire (BNSSG)	8**	66	10	84

\*NHS England has offered new contracts to all PMS practices

\*\*APMS contract for SAS included

### 5.1 PMS Contract Update

All PMS practices were offered a new PMS contract by NHS England. There are several PMS Practices who have not yet returned a signed contract and these have been contacted. Of the 18 Practices contacted:

- 7 have confirmed that they will sign and return as soon as possible (3 have been received)
- 4 are reviewing queries around maternity medical services and finances
- 7 have been contacted by email, phone and letters, and have so far not responded. The LMC has been engaged to encourage a response from these practices and to follow up if no further response is received following the recent letter.

The lack of a signed contract is an issue that will need resolution as soon as practically possible in order to avoid any uncertainty. In the interim, given that services are continuing to be provided and the practices are receiving payment a contract is 'implied' between the parties. The local terms of the agreement will reflect what can be inferred as having been agreed between the parties based on correspondence between, notes of meetings, drafts exchanged and so on. It would be reasonable to assume that the implied contract would incorporate the drafted terms of the PMS contract. Therefore, contractual issues can still be discussed and raised with parties as necessary.

### 5.2 Single handed Contractors holding GMS/PMS contracts

Practice	Code	List Size (01/04/18)	Contract Type
Cedars/Worle (Pimm)	L81643	15,219	PMS

The medical team are currently reviewing all single-handed contracts. The Single Handed GP



Contractor Assurance Framework has been sent to the Practice and the return has been reviewed by the Primary Care Contracts Team. The Contracts team are planning a visit to the practice to understand any practice level concerns, and their plans for the future.

### 5.3 CQC Reports Published 16 November and 3 December 2018

One practice has had a CQC inspection report published between 16<sup>th</sup> November and 3<sup>rd</sup> December. This was given an overall rating of 'Good' and is shown in the table below.

Practice	Publication Date	Overall Rating	Well Led	Responsive	Caring	Effective	Safe
Sea Mills	26/11/2018	Good	Good	Good	Good	Good	Good

Within BNSSG there are no practices with an overall rating of 'Requires Improvement' or 'Inadequate'.

### 5.4 Core Hours assurance

Core Hours means the period beginning at 8am and 18:30 on any day from Monday to Friday except Good Friday, Christmas day or bank holidays.

During the previous e-Declaration submission, 5 practices were highlighted as not opening in line with expectations:-

- a closure of over 4 hours on at least one day per week (Monday to Friday)
- Some report that they are open for a total of less than 45 hours or less (core is 52.5) across the week (Monday to Friday)

The practices concerned have been contacted. Conversations with most indicated that the issues highlighted have already been resolved. The Primary Care Contracts team are following up with one last practice in January, due to a mobile number being provided to patients during the closure at lunch. The practice is exploring alternative options for their telephones over lunchtime closures, and they will inform us of the action taken on the follow up call in January. If at this point, there has been no improvement contractual action will be considered.

The next e-declaration closed on 5th December 2018. BNSSG will review the results of this submission in relation to core hours, to see if any other practices will need to be supported in order to achieve their contractual obligations.

## 6. Procurements/Contract Expiries

## 6.1 Current Procurements

Service	CCG	Status	Expected Contract Award date	Anticipated Service commencement date
Northville Family Practice	BNSSG	PCCC approved an extension to the end of Sept 2019, full procurement work to commence	tbc for longer term contract	tbc
Locality Health Centre	BNSSG	Service commenced	Awarded	1 November 2018
Bishopston Medical Practice and Charlotte Keel Medical Practice	BNSSG	PCCC approved an extension to the end of March 2020, full procurement work to commence	tbc for longer term contract	tbc

## 6.2 APMS Contract Expiries

Practice	CCG	Contract Type	Agreed End date	Notes
Locality Health Centre (Weston)	North Somerset	APMS	31/10/2019	With option to extend by 1 year
Northville Family Practice	South Gloucestershire	APMS	30/09/2019 *offered	Contract commenced on 16/01/2016
Bishopston Medical Practice	BNSSG	APMS	31/03/2020 *offered	Contract commenced February 2018
Charlotte Keel Medical Practice	BNSSG	APMS	31/03/2020 *offered	Contract commenced 01/04/18

Practice	CCG	Contract Type	Agreed End date	Notes
Broadmead Medical Centre (Y02578)	Bristol	APMS	30/09/2031	With option to extend by 5+5 years
Homeless Health Service (Y02873)	Bristol	APMS	30/09/2021	With option to extend by 5+5 years
Emersons Green Medical Centre (L81362)	South Gloucestershire	APMS	31/01/2032	With option to extend by 5+5 years

## 7. Practice mergers

### 7.1 Approved mergers

No new applications.

### 7.2 New Merger Applications

A draft merger application has been received for review from Clarence Park and Graham Road. Mary Adams (Patient and Public Engagement Manager) and the Primary Care Contracts Team are working with the practice to ensure the process is followed.

## 8. Closed list Applications

No new applications

## 9. Approved List Closures

None

## 10. 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 have to demonstrate the reasons for closure and the contingency for patients during these closures. Applications are approved by NHSE and BNSSG jointly up until March 2019, and subsequent applications will be considered solely by BNSSG.

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

	N/Somerset	Bristol	S Glos	Totals
Applications	1	6	6	13
Practices	1	5	4	10

Application received from Three Shires Medical Practice (L81029) to close on 16 January 2019 from 08:30 - 13:30 for all GP training. This application has been approved.

Application received from Close Farm Surgery (L81050) to close on 29 January 2019 from 13:00 – 18:30 for an all staff training event. This application has been approved.

## **11. Applications to Change Practice Boundaries**

An application to change a practice boundary has been received from Tyntesfield Medical Group and a report has been prepared for consideration by PCCC on 3<sup>rd</sup> January 2019.

## **12. Branch Surgery Closures and Variation of Opening Times**

### **Locking Castle (Stafford Place)**

An application has been received from Locking Castle Medical Practice (L81066) to close the branch surgery at Stafford Place temporarily for 4 dates (14, 18, 24 and 28 December). The Primary Care Contracts Team visited the practice on 7 December to discuss the application in further detail.

At this meeting, the Practice Manager discussed several factors that had contributed to their staffing difficulties over the holidays including unplanned leave, and locums unwilling to work at the branch surgery site as a lone worker. Approximately 400 patients of the 10,490 list size are in the catchment area of the Stafford Place site. A large percentage of these patients reside in care homes, and the practice will be visiting these patients regularly as part of a regular care home service.

Since the receipt of the initial application, the Practice has secured additional workforce to enable the branch to open on 14 December. For the 18, 24 and 28 December hours of temporary closure, the practice has agreed to staff the reception desk to ensure patients are signposted to the Locking Castle site if appropriate. They will be providing a full clinical service from their main site, including providing home visits where clinically appropriate. The CCG has acknowledged the difficulties, and a letter has been sent to the Practice Manager to approve the 3 temporary days of closure, requesting that further workforce planning be undertaken in 2019 to prevent reoccurrence.

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

A remedial notice was issued to a practice in October 2018. The practice responded with an offer to remedy the breach, but it was felt this did not fully resolve the breach. A further Notice has been issued stipulating residual unresolved items requiring resolution before the breach can be lifted. The practice is required to demonstrate remedial action by 16 January 2019 at which point the notice can be lifted.

#### **14. Financial resource implications**

Any change requests will be considered via separate papers and will include any relevant financial implications.

#### **15. Legal implications**

Any change requests will be considered via separate papers and will include any relevant legal implications.

#### **16. Risk implications**

Any change requests will be considered via separate papers and will include any relevant risk implications.

#### **17. Implications for health inequalities**

Any change requests will be considered via separate papers and will include any relevant health inequalities implications.

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

Any change requests will be considered via separate papers and will include any relevant equalities implications.

#### **19. Consultation and Communication including Public Involvement**

Any change requests will be considered via separate papers and will include any relevant consultation/communication implications.

#### **20. Appendices**

#### **Appendix 1- Example Locality Outpatient and diagnostic referral rates**

## Appendix 1 - Locality Outpatient and diagnostic referral rates

Below are three examples of practice outpatient and diagnostic referral variation by Locality. These examples are intended to provide PCCC assurance regarding the information which has been shared with localities to assess variation and opportunities to support best practice.

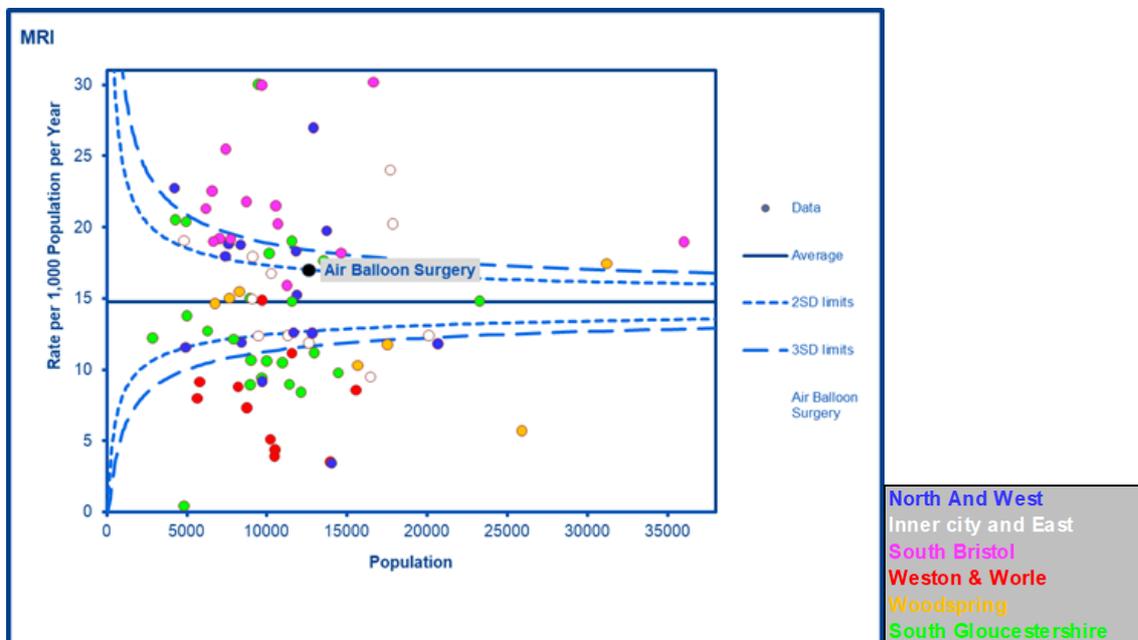


Figure 1: - Practice MRI referral rates over 3 standard deviations from the BNSSG average. The data is standardised using the Carr-Hill formula and shows referral activity, referral rate per 1000 population, and the referral reduction necessary to return to within 2 standard deviations from the mean for the previous year

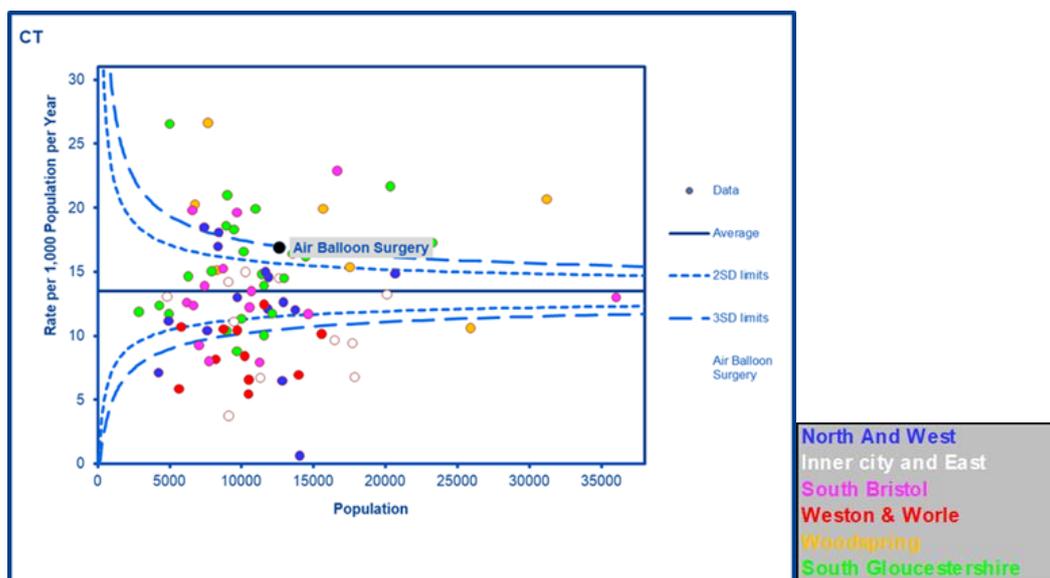


Figure 2: - Practice CT referral rates over 3 standard deviations from the BNSSG average. The data is standardised using the Carr-Hill formula and shows referral activity, referral rate per 1000 population, and the referral reduction necessary to return to within 2 standard deviations from the mean for the previous year.

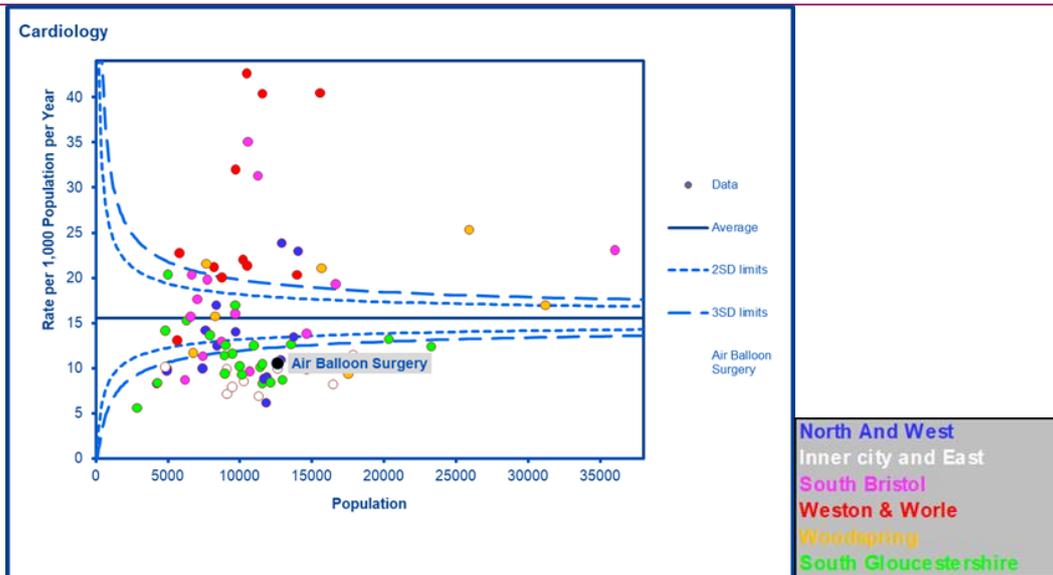


Figure 3: - Practice Cardiology referral rates over 3 standard deviations from the BNSSG average. The data is standardised using the Carr-Hill formula and shows referral activity, referral rate per 1000 population, and the referral reduction necessary to return to within 2 standard deviations from the mean for the previous year

### Glossary of 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