

Primary Care Commissioning Committee (PCCC)

Date: Tuesday 25th September

Time: 9-11.15am

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

Agenda number: 11

Report title: Primary Care Contracts and Performance Report

Report Author: Louisa Darlison, Senior Contract Manager and
David Moss, Head of Primary Care Contracts

Report Sponsor: Lisa Manson, Director of Commissioning

1. Purpose

This report provides an overview of BNSSG CCG contracts and their 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 the Locality Health Centre which will be considered through a separate paper.

6. Implications for health inequalities

Monitoring of primary care quality and performance will highlight any areas of health inequalities within BNSSG, which will then be addressed accordingly.

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

Monitoring of primary care quality and 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.

Agenda item: 11

Report title: Primary Care Contracts and Performance Report

1. Introduction

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

2. Primary Care Performance Management Monitoring

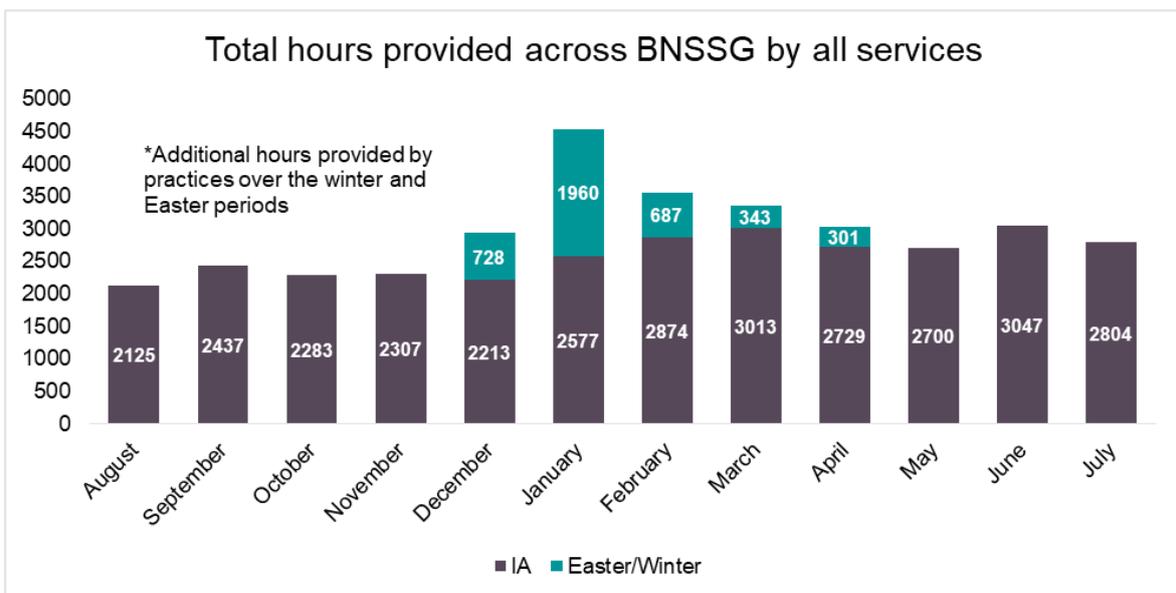
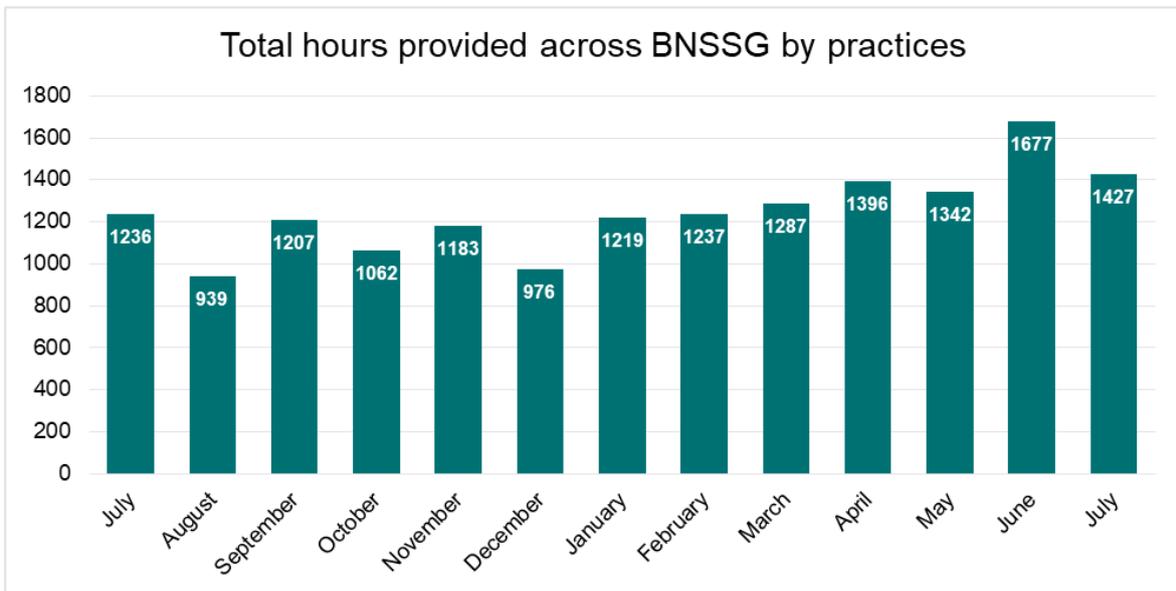
a. Improved Access

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:

Month	Av Minutes / Week BNSSG	Narrative
April 2018	39.6	An increase in the weighted population has resulted in an increased number of hours being required to deliver the overall increase in minutes. Delivery is no longer being provided by the walk in centre which is a decrease in 250 hours.
May 2018	37.9	Practice provision in South Gloucestershire decreased compared to the previous month, reasons for this will be investigated. Utilisation rates in the wound clinics remain lower than expected. Solutions for this are being investigated by One Care.
June 2018	44.2	The increase in the number of minutes has been attributed to practices in Weston, Worle and Villages who have collectively delivered 119% of contracted hours in June 2018. This is due to practices not providing hours during the May bank holidays providing hours in June instead. Early indications are that performance in July is around 39 minutes.

July 2018	39.4	Provision of contracted hours within the Inner City and East locality dropped significantly from 91% in June to 70% in July. This is due to two practices in the locality not being able to provide thirty three hours between them. This was mitigated by over delivery in other localities.
-----------	------	---



Work continues to ensure practices are mobilised and ready to take on the locality delivery plans from 1 October 2018. Due to the nature of the plans, the provision through third party providers will decrease. Commissioners will review the current third party provision alongside the proposed changes and ensure that services available still meet the needs of the BNSSG CCG population. It is important for the CCG to be able to demonstrate that any change in provision has been as a result of an assessed and demonstrable population need.

Advertising Access

One of the core requirements of Improved Access is to ensure services are advertised to patients, including notification on practice websites, notification in urgent care services and publicity in the community so that it is clear to patients how they can access these appointments and associated services. One Care were asked to support the drive to ensure that all BNSSG CCG practices are advertising Improves access on websites. The target set was 95% by the end of June and 100% by the end of September 2018 (Q2). As at the end of June approximately 30 practices were not advertising and therefore a penalty of £5,000 was applied. One Care are continuing to work with practices to incentivise this area and commissioners are working to understand how we can support this core requirement. An advertising toolkit has been developed by the regional GP Forward View Team to help CCGs self-assess the advertising they have in place locally and on practice websites. This audit will be undertaken and outputs used to help shape future strategy in this area.

b. Referral Variation

In 2017/18 a referral tool to consider variation in referral rates into secondary care was developed to support practices to compare themselves with one another across BNSSG, and in their local clusters. The tool indicates any hospital specialities where a practice is over 3 standard deviations from the BNSSG average over the last 3 years, and also in the last year. This helps to identify patterns and trends rather than random variation. The tool is based on GP referred 1st Outpatient activity, which includes 2ww referrals.

This provided a focus for any quality improvement projects practises wished to undertake, and could highlight areas where education or support might be of benefit to referrers. The approach to date has been to work in an informed and balanced way based using strong data and education. The CCGs offered support and education to practices or to groups of referrers where this will help reduce variation.

In line with the CCG constitutions, BNSSG CCGs continue to want to reduce unexplained variation, and aim to see all practices move to within 2 standard deviations. The tool shows the number of GP referred outpatient appointments which are required to move from over 3SD to within 2SD.

Revised 2018/19 referral data has been shared with BNSSG Locality Leadership Groups (LLG). LLG's have discussed and are considering how practice outliers can best be supported to change referral patterns where clinically appropriate to do so.

c. Locally Enhanced Services

The current locally enhanced services come in three forms, noting legacy arrangements. The primary care contracts team have processed the quarter 1 claims and practices will now have received their respective payments. Moving forward LES arrangements are being reviewed and it will be important to ensure reporting is robust and transparent to support presentation of delivery and any variation.

The MMR active call enhanced service is underway with 51 practices signing up to invite all eligible 16-25 year olds for their MMR vaccination. As at the end of June a total of 1,953 letters had been sent out with 23 patients presenting for vaccination. The scheme requires a total of two invitations and as the scheme only began on 1 June 2018 the CCG are expecting to see a large increase in the numbers of vaccinations when the next payment claims are submitted in October 2018.

3. Current Contracts

CCG	APMS	PMS*	GMS	Total
Bristol, North Somerset and South Gloucestershire (BNSSG)	8**	68	11	87

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

**APMS contract for SAS included.

a. PMS Contract Update

The position regarding the number of PMS contracts issued by CCG and the number signed is to be reviewed as a number are reverting to GMS contracts.

b. 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 review has been delayed due to other priorities – this work will be reported on next month.

c. Core Hours assurance

The contracts team are in the process of calling practices to informally recognise the information returned on their E Declaration and how this is deemed to breach core opening hours as stated in their contract before any remedial or breach notices are issued

4. Procurements/Contract Expiries

a. 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 September 2019, full procurement work to commence	TBC for longer term contract	TBC
Locality Health Centre	North Somerset	Bids evaluated and moderated.	End August 2018	1 November 2018

Service	CCG	Status	Expected Contract Award date	Anticipated Service commencement date
		Preferred bidder identified.		
Bishopston Medical Practice and Charlotte Keel Medical Practice	BNSSG	PCCC approved an extension to the end of September 2019, full procurement work to commence	TBC for longer term contract	TBC

b. APMS Contract Expiries

Practice	CCG	Contract Type	Agreed End date	Notes
Locality Health Centre (Weston)	North Somerset	APMS	31/10/2018	See procurement as above
Northville Family Practice	South Gloucestershire	APMS	30/09/2019 *offered	Contract commenced on 16/01/2016
Bishopston Medical Practice	BNSSG	APMS	30/09/2019 *offered	Contract commenced February 2018
Charlotte Keel Medical Practice	BNSSG	APMS	30/09/2019 *offered	Contract commenced 01/04/18
Broadmead Medical Centre (Y02578)	Bristol	APMS	30/09/2031	With option to extend by 5+5 years
Homeless Health Service (Y02873)	Bristol	APMS	30/09/2031	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

5. Practice Mergers

a. Approved Mergers

The following mergers have been approved with effect following 1st April 2018.

CCG	Practices
BNSSG	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 September 2018. Circa 43,000 patients

b. New Merger Applications

No new merger applications.

6. Close List Applications

No new applications.

7. Approved List Closures

None in BNSSG

8. Temporary Practice Hour Changes

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

	N/Somerset	Bristol	S Glos	Totals
Applications	1	6	2	9
Practices	1	5	2	8

One application received from Bishopston Medical Practice (L81112) to close on 24 October 2018 from 13:00 - 18:30 for Customer Service (Mandatory) Training for Reception

staff; Full Team Meeting; Flu performance update, troubleshooting and vaccination of staff.
The application has been approved.

9. Applications to Change Practice Boundaries

No new applications.

10. Branch Surgery Closures and Variation of Opening Times

No new applications

11. Contract Breach and Remedial Notices

None issued.

12. 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.

13. 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.

14. Risk implications

There are risks associated with the procurement the Locality Health Centre which will be represented in options paper received by close session.

15. Implications for health inequalities

Monitoring of primary care quality and performance will highlight any areas of health inequalities within BNSSG, which will then be addressed accordingly.

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

Monitoring of primary care quality and performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

17. Consultation and Communication including Public Involvement

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

18. Recommendations

To note the performance and contractual status of primary care

Report Author: Louisa Darlison, Senior Contract Manager and David Moss, Head of Primary Care Contracting

Report Sponsor: Lisa Manson, Director of Commissioning

Glossary of terms and abbreviations

Primary Care Operational Group (PCOG)	a sub group of the PCCC where operational issues are managed and/or escalated to PCCC
Primary Care Commissioning Committee (PCCC)	The CCG decision making body for anything related to primary care
Alternative Provider of Medical Services (APMS)	Type of GP contract
General Medical Services (GMS)	Type of GP contract
Personal Medical Services (PMS)	Type of GP contract
CQUIN	The Commissioning for Quality and Innovation (CQUIN) payment framework makes a proportion of providers' income conditional on quality and innovation.