

Primary Care Commissioning Committee (PCCC)

Date: Tuesday 27th November

Time: 9.00-10.50am

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

Agenda item: 9

Report title: Medical Contract Overview Report - November 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.

Agenda item: 9

Report title: Medical Contract Overview Report - October 2018

1. Purpose

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

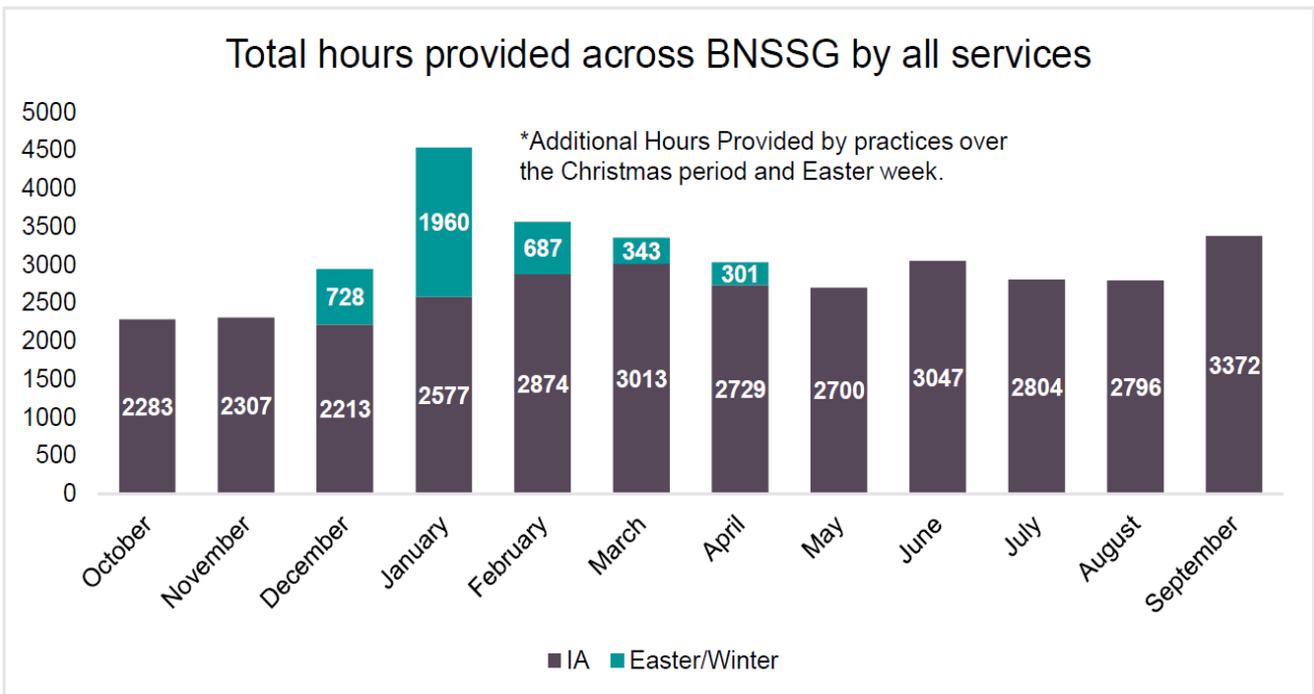
2. Primary Care Performance Management Monitoring

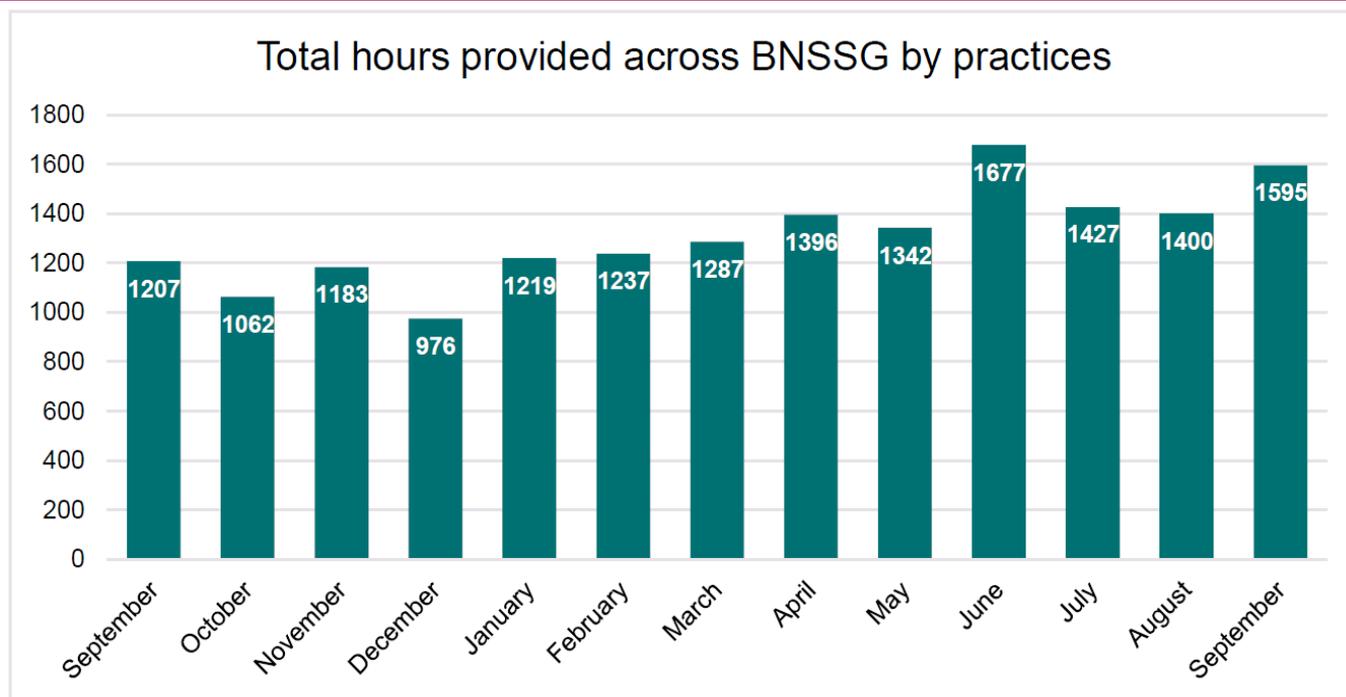
BNSSG CCG currently commission Improved Access from One Care (BNSSG) Ltd. One Care are commissioned to deliver on average an additional 45 minutes / 1000 population (weighted) per week access to general practice.

Current performance across BNSSG is as follows:

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	Following over delivery of contracted hours by Weston, Worle and Villages in June, provision has returned to normal levels and therefore the number of minutes delivered has decreased compared to the previous month.

August 2018	39.2	Provision has decreased slightly in Weston, Worle and Villages but has increased in South Gloucestershire. Utilisation rates for the NSCP wound clinic decreased alongside a decrease in provision. This was due to difficulty in staffing a number of clinics and consequently they were cancelled.
September 2018	48.9	High level of provision across BNSSG as a result of practices, physionet and BCH community nursing team all delivering significantly more activity compared to the previous month.





Practices have taken on the locality delivery plans from 1 October 2018. Due to the nature of the plans, the provision through third party providers will decrease. Following review, Commissioners have worked with NSCP to commission and catheter and wound clinic which will count as part of the CCGs overall IA activity. Moving forward 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.

The current contractual model allows for an element of the cost to be 'recovered' if performance falls below an average of 45 minutes per week. As at September 2018, this underperformance has resulted in £158,800 of underspend. This includes a £5,000 penalty applied at the end of September 2018 for failing to have 100% of practices advertising Improved Access on practice websites. It was confirmed in October that all (100%) of practices are now advertising Improved Access services on their website.

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

Practices are considered to be outliers where they fall outside of three standard deviations from the mean.

Actions to support reducing variation:-

- i. The CCG plan for the referral service to be made available to South Gloucestershire practices. A gradual roll out is planned over the next 12-18 months in a way which ensures positive and effective engagement with practices.
- ii. Referral variation information will be included in a broader information pack being developed by localities with the intention to be shared with practices by the end of November 2018.
- iii. Work will be undertaken with identified practices to understand any reasons for variation and establish if further support or action is required.

Work is underway to establish a meaningful way of reporting this information to the committee for future reports.

3.1 E-Referrals Service

The NHS Standard Contract for 2018/19 requires the full use of the NHS E Referral Service (eRS) for all consultant-led first outpatient appointments. From 1 October 2018 providers will only be paid for activity resulting from referrals made through eRS.

4. Local Enhanced Services

Contracts have been issued to BNSSG CCG for local enhanced services for 2018/19. Quarter 2 claims for enhanced service payments are in the final stages of being processed. A summary of enhanced service spend and activity will be presented in the December 2018 report.

4.1 MMR Active Call Scheme

In May 2018, BNSSG CCG responded to a local increase in measles cases amongst 16-25 year olds by offering an additional enhanced services to all practices. 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. 51 practices have submitted claims. 22,619 received both the letter and a follow up communication. 1,084 patients received a dose of MMR as a result of being invited with a total of 845 people now being fully vaccinated as a result of the invitation. These numbers will increase once all claims have been received. Initial findings will be shared with colleagues in Public Health England, and a further update will be presented in the next report.

5. Current Contracts

CCG	APMS	PMS*	GMS	Total
Bristol, North Somerset and South Gloucestershire (BNSSG)	8**	67	10	85

*NHS England has offered new contracts to all PMS practices

**APMS contract for SAS included

5.1 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.

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 will be reviewed in due course and feedback provided as appropriate.

5.3 CQC Reports Published 11 September 2018 to 4 October 2018

Practice	Publication Date	Rating
Frome Valley Medical Centre	11/09/2018	Good

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.

It has been highlighted that a number of practices were not opening in line with expectations:

- Detailed hours suggest 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)

Work is ongoing to liaise with practices to ensure that information submitted is accurate and to understand reasons why adherence to core opening times remains a challenge. Contractual action will be taken if necessary.

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	Direct award to a new provider, rapid mobilisation underway	tbc	1 November 2018
Bishopston Medical Practice and Charlotte Keel Medical Practice	BNSSG	PCCC approved an extension to the end of Sept 2019, 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	31/10/2018	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

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	30/09/2031	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

7. Practice mergers

7.1 Approved mergers

The following mergers have been approved:

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 October 2018. Circa 43,000 patients

7.2 New Merger Applications

No new merger applications have been received

8. Closed list Applications

No new applications

9. Approved List Closures

None

10. Temporary Practice Hour changes

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

	N/Somerset	Bristol	S Glos	Totals
Applications	1	6	4	11
Practices	1	5	3	9

One application received from Courtside Surgery (L81024) to close on 21 November 2018 from 14:00 - 16:00 for all staff training event. The surgery will be a pilot site for the CCG e-consultations project and time is needed to train all staff on this software pilot.

11. Applications to Change Practice Boundaries

An application to change a practice boundary has been received and will be taken through the appropriate governance route during November 2018.

12. Branch Surgery Closures and Variation of Opening Times

An application for a temporary practice closure was received from Mendip Vale Practice in October. It requested a temporary closure of the Congresbury Branch between 8 October – 10 December 2018. BNSSG CCG visited the practice on 4 October 2018 and recognised the issues presented in the application. It was agreed that the branch will remain open on a Monday with appointments being offered from 10 December 2018. The CCG requested that those appointments be made available a week in advance of the reopening to ensure utilisation of those slots.

13. Contract Breach and Remedial Notices

A remedial notice was issued to a practice in October 2018. The practice has responded with an offer to remedy the breach.

14. Appendices

None

Glossary of terms and abbreviations

APMS	Alternative Provider of Medical Services - Type of GP contract
GMS	General Medical Services – Type of GP contract
PMS	Personal Medical Services – Type of GP contract