

Meeting of Primary Commissioning Committee

Date: Tuesday 24 November 2020

Time: 09:00 – 11:05

Location: Virtual – Microsoft Teams

Agenda Number :	13
Title:	Contracts and Performance Report
Purpose: For Information	
Key Points for Discussion:	
The purpose of this paper is to update the Committee on the status of BNSSG primary care contracts and provide a summary of performance issues.	
Recommendations:	The Committee are asked to note the contents of this report for information
Previously Considered By and feedback :	Not Applicable
Management of Declared Interest:	Not Applicable
Risk and Assurance:	There are no specific risks highlighted in this paper this month. Any risks associated with contractual changes will be highlighted via separate papers
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.
Legal, Policy and Regulatory Requirements:	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.
How does this reduce Health Inequalities:	Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.
How does this impact on Equality & diversity	Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.
Patient and 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.
Communications and Engagement:	There are no specific communication issues highlighted as a result of this paper. Any contractual change requests that require further engagement will be highlighted via separate papers.
Author(s):	Louisa Darlison and Katherine Showler, Senior Contract Managers, Adele Laing Contract and Project Support Officer, Primary Care Sukeina Kassam, Interim Head of Primary Care Contracting
Sponsoring Director / Clinical Lead / Lay Member:	Lisa Manson, Director of Commissioning

Agenda item: 13

Report title: Contracts and Performance Report – November 2020

1. Background

The paper provides a summary of the contractual status of the contracts held across the Primary Care Contract portfolio. This includes all GMS / PMS and APMS contracts as well as the locally commissioned Improving Access to General Practice Contract.

2. Current Contracts Background

CCG	APMS	PMS	GMS	Total
Bristol, North Somerset and South Gloucestershire (BNSSG)	8**	63	10	81

**APMS contract for SAS included

a. Single handed Contractors holding GMS/PMS contracts

Practice	Code	List Size (01/01/20)	Contract Type
Helios Medical Centre	L81622	4,778	PMS

3. Procurements / APMS Contract Expiries

a. APMS Contract Expiries

Practice	Locality	Contract Type	Agreed End date	Notes
Horizon Health (Weston)	North Somerset	APMS	31/10/19 Proposed 12/06/2020	Variation to 12/06/20 out for signature. Further extension to 12-06-21 with Pier for signature
Charlotte Keel Medical Practice	ICE	APMS	31/03/2021	Contract commenced 01/04/18, and an extension of 6+6 to 31/03/21 is with BrisDoc for signature. 1+1 year offered to follow this.
Broadmead Medical Centre (Y02578)	ICE	APMS	30/09/2031	With option to extend by 5+5 years

Practice	Locality	Contract Type	Agreed End date	Notes
Homeless Health Service (Y02873)	ICE	APMS	30/09/2021	With option to extend by 5+5 years
Emersons Green Medical Centre (L81362)	South Glos	APMS	31/01/2032	With option to extend by 5+5 years
Graham Road	Weston & Worle	APMS	12/06/2020	With option to extend by 1 year – extension to 12-06-21 with Pier for signature
Bridge View Medical Special Allocation Scheme	N/A	APMS	30/06/2021	With option to extend by 2 years

b. Other Primary Care Contracts

Provider	Locality	Contract Type	Agreed End date	Notes
Language Empire Ltd	BNSSG	NHS Standard	30/09/2021	With option to extend by 2 years
Action on Hearing Loss	BNSSG	NHS Standard	30/09/2021	No further option to extend

In addition the pharmacy enhanced service contracts have been formally extended by 1 year. These will now expire on 31 March 2021. Further to this a contract variation has been issued to allow pharmacies to deliver the Community Pharmacy Minor Ailments Patient Group Directions service. This will mean that pharmacies will be able to supply prescription only medicines enabling episodes of care to be completed in the pharmacy.

Practice mergers/ Approved mergers

No new applications

4. Closed list Applications

We have received a request from a practice to explore a closed list application. The Primary Care contracting team will work with the practice and assess any formal application if received. In the event of a formal application contractually the process should be completed within 21 days. The primary care contracting therefore request delegated authority from the committee to process the application outside of PCCC meetings if required.

5. Approved List Closures

No new applications

6. Partnership Change Requests

No new applications have been received.

7. 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 are asked to demonstrate the reasons for closure and the contingency for patients during these closures.

The table below details the number of applications received since 1 April 2020.

	N/Somerset	Bristol	S Glos	Totals
Applications	0	1	3	4
Practices	0	1	3	4

Practices are reminded that 4 weeks' notice is required for any proposed temporary closure.

8. Applications to Change Practice Boundaries

No new applications have been received.

9. Branch Surgery Closures

The branch closure application from Stafford Medical Group for the closure of the Stafford Place branch surgery was approved by PCCC in October 2020. Patients of the practice have been informed of the decision and the 'You said, We did' report is available on the practice and CCG websites. The branch surgery building is due to be vacated in December 2020.

The team are expecting a further branch closure application in due course, following the completion of the Weston Parklands Village full business case.

10. Section 96 Applications

The Primary Care Contract team has received one formal application for Section 96 support. A panel was convened on Monday 16 November to review the application with representation from the Area Directorate, LMC, Primary Care Resilience, Primary Care Contracts and CCG Director.

The review concluded that further information was required from the practice on a number of items to ensure that the support requested would meet the needs of the practice in providing short term resilience support. The review panel also recommended that a full finance review be conducted to assist in addressing the short term need while also supporting the practice to look at longer term solutions for a resilient practice.

The practice have received written correspondence following the review panel, outlining the further information the panel wishes to receive and providing engagement options for the practice to support obtaining the required details. The review panel will reconvene following receipt of the additional information to make a final decision on the section 96 application.

11. Contract Breach and Remedial Notices

No Contract Breach or Remedial Notices have been issued. There are currently no live notices in place with any practice.

12. Primary Care Network – Network Direct Enhanced Service

All Primary Care Networks have confirmed their re-participation in the PCN DES for 20/21. It is expected that re-confirmation will be automatic from next year onwards.

13. Primary Care Performance Management Monitoring / Primary Care Recovery

It was agreed at the Primary Care Commissioning Committee in September that the flexibility for IA would continue up until the end of Quarter 4 20/21. In addition, it has been signalled nationally that the plan to bring together extended hours and improved access will be delayed until October 2021. We are awaiting the official position and respond accordingly.

Practices received a letter outlining our approach to income protection across quarter 3 and 4 2020. This included a requirement to stand up Improved Access service on Monday 28th December 2020. Nationally it remains unclear what the core contract requirements around Christmas will be, this now may include a requirement for capacity to deliver the COVID-19 vaccine. We are working with practices and the LMC to finalise the requirements for the period and preparing practices to stand up additional capacity if required nationally.

The average number of minutes delivered in September was 51.0. This was a large increase compared to August, as expected, and was a result of practices delivering their flu vaccination programme. Capping models are in place to ensure that practices cannot exceed a monthly or quarterly allocation to ensure there remains sufficient IA capacity for the remainder of the year. All PCNs have delivered the minimum requirement of 30 mins / 1000 population per week. This level of performance is expected to continue across October 2020.

As part of quarterly KPI monitoring, we requested that One Care work with practices to begin to understand some of the equality impacts on access in relation to COVID. A full update on this piece of work will be provided to the committee later in the year.

Funding for enhanced services Q3 and Q4 will continue in line with the assurances provided in quarter 2. This includes:

Activity based payment for:

- Anticoagulation / Specialised Medicines Monitoring

Payment capped at average Q1-Q3 for all other enhanced services.

The LES review group has been re-established and held its first meeting on 5 November 2020. A separate highlight report has been provided to the committee.

ADHD Local Enhanced Service

38 practices have expressed an interest in delivering the enhanced service. AWP and leads from the CCG hosted a webinar for practices interested in providing the service. Through discussion it was acknowledged that a number of patients have been privately diagnosed through providers other than AWP. In order to ensure equity of service for patients it has been agreed that patients with a diagnosis from out of area or a private provider such as Psychiatry UK shall be considered as eligible for management under this enhanced service. Work is ongoing with clinical leads to ensure all NICE compliant diagnoses are eligible to ensure equity across the patient population.

14. 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.

15. 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.

16. Risk implications

There are no specific risks highlighted in this paper this month. Any risks associated with contractual changes will be highlighted via separate papers.

17. Implications for health inequalities

Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.

18. Implications 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.

19. 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.

20. Recommendations

The committee are asked to note the contents of this report for information.

Report Author: Louisa Darlison, Katherine Showler, Senior Contracts Managers –
Primary Care and Adele Laing, Contract and Project Support Officer

Report Sponsor: Lisa Manson, Director of Commissioning

Appendices: None

Glossary of terms and abbreviations

Please explain all initials, technical 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
PCN	Primary Care Network
DES	Directed Enhanced Services