

Primary Care Commissioning Committee

Date: Tuesday 24th September 2019

Time: 9:00am-1:00pm

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

Agenda number: 12

Report title: Contract and Performance Report September 2019

Report Author: David Moss, Head of Primary Care Contracts

Report Sponsor: Lisa Manson, Director of Commissioning

1. Purpose

To update Primary Care Commissioning Committee on the status of BNSSG primary care contracts.

2. Recommendations

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

3. Executive Summary

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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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.

9. 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: 12

Report title: Contract and Performance Report Sept 2019

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

CCG	APMS	PMS*	GMS	Total
Bristol, North Somerset and South Gloucestershire (BNSSG)	10**	64	10	84

*NHS England has offered new contracts to all PMS practices

**APMS contract for SAS included

Please note the closure of Northville Family Practice, Bishopston Medical Practice and Clarence Park Surgery on 30th September 2019, bringing the total to 81 contracts as of 1st October 2019.

a. Single handed Contractors holding GMS/PMS contracts

Practice	Code	List Size (01/01/19)	Contract Type
Cedars/Worle (Pimm)	L81643	15,487	PMS
Monks Park Surgery (Langton)	L81669	5,718	PMS

The Contracts team have received a request from the Cedars practice to add two additional partners to the contract. This request is currently being processed.

The Monks Park Surgery became a single handed practice at the end of March 2019. The Contracts team has received a request to add a list of additional partners to the Monks Park contract and this request is currently being processed.

3. Procurements/Contract Expiries

a. Current Procurements

Service	Locality	Status	Expected Contract Award date	Anticipated Commencement date
Northville Family Practice	South Glos	Dispersal ongoing, closure will take effect from 1 October 2019	N/A	N/A
Charlotte Keel Medical Practice	ICE	Extension with incumbent to March 31st 2020. Tender published September 2 nd 2019.	Issue of formal award notice: 10/12/19	1 st April 2020
Bishopston Medical Practice	N&W	Dispersal ongoing, closure will take effect from 1 October 2019	N/A	N/A

b. APMS Contract Expiries

Practice	Locality	Contract Type	Agreed End date	Notes
Horizon Health (Weston)	North Somerset	APMS	31/10/2019	With option to extend by 1 year
Northville Family Practice	South Gloucestershire	APMS	30/09/2019	Commenced on 16/01/2016, closing 30/09/19
Bishopston Medical Practice	North and West	APMS	30/09/2019	Commenced February 2018 , closing 30/09/19
Charlotte Keel Medical Practice	ICE	APMS	31/03/2020	Contract commenced 01/04/18
Broadmead Medical Centre (Y02578)	ICE	APMS	30/09/2031	With option to extend by 5+5 years
Homeless Health Service (Y02873)	ICE	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
Graham Road	Weston & Worle	APMS	12/06/2020	With option to extend by 1 year

Practice	Locality	Contract Type	Agreed End date	Notes
Clarence park	Weston & Worle	APMS	12/06/2020	With option to extend by 1 year
Bridge View Medical Special Allocation Scheme	N/A	APMS	30/06/2021	With option to extend by 2 years

4. Practice mergers

a. Approved mergers

No new applications.

b. New Merger Applications

We have begun early discussions around a potential merger, any formal application received will be taken through due process.

5. Closed list Applications

No new applications

6. Approved List Closures

No new applications

7. Partnership Change Requests

The Primary Care Contract team have been asked to prepare contract variations to a group of practices in order to support the formation of a 'Super Partnership'. Following assurance received the contract team are preparing the required variations.

8. 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 2019.

	N/Somerset	Bristol	S Glos	Totals
Applications	1	1	7	9
Practices	1	1	7	9

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

9. Applications to Change Practice Boundaries

No applications received

10. Branch Surgery Closures

No applications received

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 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:

	Apr	May	June
Av Minutes / week BNSSG	37.0	37.6	43.6

The number of average minutes delivered per week in June was 43.6.

The average number of minutes delivered per week increased in June, as expected. Practices delivered 38.9 minutes per week with the rest being made up by third party providers such as BrisDoc and Physionet. The increase from April and May delivery was due to practices ensuring they met their contracted target within the Quarter 1 period. Delivery is sub-contracted by One Care. The increase was also associated to a number of practices increasing their delivery in preparation for taking on the Extended Hours DES from 1 July 2019.

	North and West Bristol (178,964)	South Bristol (162,954)	Inner City and East (155,891)	Weston, Worle and Villages (117,756)	Woodspring (108,942)	South Glos. (249,059)
Average weekly mins / 1000 population	35.7	47.9	31.3	39.7	54.3	43.3

At locality level, two localities planned to deliver the minimum 30 mins per 1000 population per week across the quarter with the remaining four localities choosing to deliver the maximum contracted value of 45 minutes per 1000 per week.

Third party utilisation with PhysioNet remains high at 92%. This is an MSK assessment services provided from five localities.

The BrisDoc Sunday model that is currently available across five localities continues to have poor uptake. During June none of these appointments were booked by practices. One Care have added these sessions to monthly practices rotas from July in two localities and in August the remaining localities will have a print out that allows receptionists a view to prompt receptionists to consider their usage. One Care are committed to improving the utilisation of these slots. The Pan BNSSG IA group have also agreed to consider how the Sunday model could be revised.

One Care have committed to support the Alamac system call process. It has been suggested that they will join the call on Monday and Friday. This will ensure primary care is represented and party to the conversations on wider Urgent care performance and delivery. One Care will also contribute to the winter planning process and have agreed to complete a template summarising specific pre-winter preparation that is in place, key initiatives planned for this winter, specific support requested from system partners, key risks anticipated and associated mitigations.

13. Local Enhanced Services

Quarter 1 payments for local enhanced services were made at the end of August 2019. In order to ensure that practices were paid for the work they have carried out in the quarter a manual claim form was circulated for those services for which payment based on an automatic extract was not possible in the period.

Automatic extract was used where searches had been established in previous years and where it was possible to roll those out across BNSSG. This included:

- Anticoagulation Basic

- Anticoagulation Advanced
- Specialist Medicine Monitoring

Manual claims were received for the following:

- Insulin Initiation
- DVT – phase 1
- Dementia Diagnoses and Review
- GP Support to Care Homes

Sign up forms were received from all practices during February and March 2019. A total of 25 practices (excluding homeless health) have not submitted the manual claim form for Quarter 1 2019. The Primary Care contracts team proactively contacted practices who had not submitted whilst preparing the financial instruction in August 2019. Practices that have submitted after the August deadline will be paid at the end of September 2019. A further communications regarding submissions will be circulated in the GP bulletin.

Anticoagulation Basic – Automatic Extract

A total of 2,438 patients are being monitored at the basic level across BNSSG. This involves the practice sending a blood sample into secondary care to establish the patient's INR and an associated decision on the appropriate dosage of vitamin K antagonists. This enhanced service ensures patients on a vitamin K antagonist are receiving maintenance treatment and get care that is safe, effective and sustainable.

Anticoagulation Advanced – Automatic Extract

A total of 1,417 patients are being monitored at the advanced level across BNSSG. Historically practices in North Somerset are able to offer the advanced level of monitoring with INRstar licences in place. 1 practice in Bristol and 1 practice in South Gloucestershire also offers this level of monitoring and has the appropriate facilities in place.

Specialist Medicines Monitoring – Automatic Extract

Payment Level	1	2	2	2	2	2	3	3	4
Drug	Denosumab (Prolia)	Azathioprin	Leflunomide	Sodium aurothiomalate	Methotrexate	Penicillamine (Nephrology)	Mercaptopurine (oral)	Sulfasalazine (oral)	Penicillamine (Rheumatology)
Q1 Actual	465	1538	348	18	4462	0	129	263	10
18/19 Outturn	438	1451	352	38	4238	0	181	308	12

*Payment Levels increase to reflect the need for increased workload or more frequent monitoring

The number of patients currently being prescribed each drug during quarter 1 is presented above. 18/19 outturn numbers are also presented and are used for budgeting purposes.

The variances between actual and 18/19 outturn for Mercaptopurine and sulfasalazine will be investigated by the medicine management team. All others are broadly in line with expectations for the period. Payment for sulfasalazine is for the first year of treatment only.

Insulin Initiation – Manual Claim

Payment for this enhanced services is made against the numbers of patients initiated onto insulin therapy in the quarter. The numbers per locality are presented below:

	ICE	N&W	South Bristol	South Glos	Woodspring	WWV
Actual Q1	33	15	22	17	8	2
Outturn 18/19	55 (14)	49 (12)	41 (10)	112 (28)	55 (14)	28 (7)

Numbers in brackets () are indicative quarterly values

Data to assess the outcomes associated with this enhanced service will be collated and presented by the BI team as and when available. Each patient supported by this enhanced will receive an enhanced level of care the supports their understanding of their own condition and reduce referrals to secondary care.

DVT Phase 1 – Manual Claim

The number of tests completed using Point of Care testing kits and Venous samples is presented below:

ICE		N&W		South Bristol		South Glos		Woodspring		WWV	
K	V	K	V	K	V	K	V	K	V	K	V
27	33	9	4	20	31	75	20	6	11	4	18

K= Kit V=Venous

The impact of this enhanced service will be assessed alongside the context of the wider pathway. The GP element represents phase 1 of the pathway with GP Care taking forward phase 2 through a separately commissioned CCG contract. The BI team will extract data accordingly and outcomes will be measured and managed through contract meetings with GP Care. Where specific issues are identified relating to phase 1 of the pathway the primary care contracting team will take that forward with the respective practices.

An automatic extract has also been completed for this enhanced service. Numbers across the manual returns and extracts will be compared. A high level review indicates that there are some notable discrepancies. A challenge process is being developed to allow the circulation of a draft extraction report to practices allowing practices 10 working days to review and raise any queries. These will be reviewed by contracting, meds management and BI with any changes communicated in time to allow the final payment instruction to reach the finance department. Where appropriate the CCG can commit to work with a practice to understand the reasons for the discrepancies. Recovery of overpayments may also be necessary and will be discussed with the practices concerned.

Dementia Diagnosis and Review – Manual Claim

	ICE		N&W		South Bristol		South Glos		Woodspring		WWV	
	D	R	D	R	D	R	D	R	D	R	D	R
Actual	21	49	30	75	73	182	86	136	20	38	12	21
Outturn 18/19	76 (19)	410 (102)	195 (49)	528 (132)	445 (111)	705 (176)	330 (83)	631 (156)	162 (41)	309 (77)	144 (36)	273 (68)

D = Diagnosis R = Review (quarterly proxy)

The rates of diagnosis and reviews are being reviewed by the mental health contracting team in terms of the impact on other commissioned services. The rates of diagnoses and volumes of reviews will be monitored alongside other outcomes such as patient and carer questionnaires.

GP Support to Care Homes – Manual Claim

ICE		N&W		South Bristol		South Glos		Woodspring		WWV	
N	R	N	R	N	R	N	R	N	R	N	R
211	9	400	189	154	47	574	601	266	337	256	212

16 practices received a reduction of 20% against the tariff for not being able to demonstrate that fortnightly ward rounds had been undertaken during the period. 32 practices received a reduction of 5% against the tariff for not being able to demonstrate that a quarterly review has been undertaken with the home. These practices will be contacted regarding their obligation to undertake such reviews.

Early indications show that this enhanced service is not having a demonstrably positive impact on attendances at A&E. The impact of this will need to be assessed alongside the data collected as part of the quarterly review process and will be reviewed by the Quality in Care home group.

Enhanced Service Monitoring Going Forward

Following discussion at the Primary Care Operational Group in September it has been agreed that working groups for each enhanced service will review the clinical impact and patient outcomes for each going forward. This will shape development of reporting in year and help inform the review and future construction of enhanced services for 2020-21. The specific actions and timescales will be presented during October 2019.

14. Financial Implications

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15. Legal implications

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

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19. Implications for Public Involvement

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20. Recommendations

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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