

Meeting of Primary Care Commissioning Committee

Date: Tuesday 25 May 2021
Time: 09:30-12:00
Location: Virtual – Microsoft Teams

Agenda Number :	13	
Title:	Primary Care Contracts and Performance, Premises, Quality and Resilience Report	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
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, Sukeina Kassam, Interim Head of Primary Care Contracting, Susie McMullen; Resilience and Quality Improvement Lead, Jacci Yuill; Lead Quality Manager, Tim James; Estates Manager.
Sponsoring Director / Clinical Lead / Lay Member:	Lisa Manson, Director of Commissioning

Agenda item: 13

**Report title: Contracts and Performance Report –
May 2021**

1. Background

The paper provides a summary of the 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

A formal notification was received on 27/01/2020 which confirmed Helios Medical Centre became a single handed practice on 30/09/2019 when a non-medical partner retired and removed himself from the contract.

As presented in previous papers, the Primary Care contract, resilience, area and quality teams met with Dr Mulder (the sole partner) and the practice manager on 1 December 2020 to discuss the future of the partnership at Helios Medical Centre. During these initial conversations Dr Mulder stated his intention to recruit additional partners and secure the future of the practice ahead of any planned retirement.

On Wednesday 24 March 2021, CCG teams met with Dr Mulder where the first indication of a partnership with Mendip Vale was mentioned. In this scenario both Mendip Vale and Helios are intended to remain as separate contracts. Patient lists will remain independent. The arrangement is comparable to that of Monk's Park Surgery and Mendip Vale if agreed. The current partnership has not been agreed by the CCG through its governance process at this stage of the application

process therefore Mendip Vale are currently acting as sub-contractors to the Helios contract in direct agreement with Dr Frank Mulder since 1st April 2021.

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	31/03/2022	Agreed extension for 2 years.
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 Glos	APMS	31/01/2032	With option to extend by 5+5 years
Graham Road	Weston & Worle	APMS	12/06/2021	Agreed 4 year extension of contract, starting from 13 June 2021.
Bridge View Medical Special Allocation Scheme	N/A	APMS	30/06/2021	With option to extend by 2 years

Special Allocation Scheme (SAS) Update

Further to the separate paper presented to the committee in March 2021, discussions with the provider have been ongoing and the Primary Care Contracts team now await confirmation from the Provider of their agreement to extend.

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

Language Empire

Language Empire was commissioned as the provider for spoken interpreting and written translation for primary care sites across the South West. The spoken interpreting service provides pre-booked phone, video and face-to-face interpreting, and on-demand phone interpreting. By way of contract structure, NHSEI holds the contract for all South West Pharmacy, Optom and Dental (POD) sites, and the individual CCGs hold the contracts for Medical (GP) sites. The procurement was from the National Framework, where providers had been through a process to ensure they passed a minimum standard.

Royal National Institute for Deaf People RNID (formerly known as Action on Hearing Loss)

RNID provides British Sign Language (BSL) interpreting to BNSSG. All appointments must be booked in advance and there is no on-demand provision. The last contract expired on 30 September 2019. NHSE extended POD contracts to 30 September 2022. Of note, the contracts are not on NHS Standard/Short form contract and are Service Level Agreements (SLA) in-type.

Future of services

Representatives of NHSE South West, the South West Clinical Commissioning Groups (with the exception of Somerset CCG) and the CSU Procurement team met in early May 2021 to discuss the future of language services.

The previous procurement exercise was run jointly for the South West to raise the contract value to a significant level in order to attract larger, more established providers. All bids at the time were challenged on grounds of ability to provide to the geography. Current BSL provision across NHS healthcare providers in the South West was reviewed, with variation identified in the region. The consensus was that local procurement would be preferable. This would allow for alignment with ICSs and potential to commission a single provider for all services, as opposed to each provider being responsible for their own provision. This would require language service budgets to be released from provider contracts, but could benefit patients.

A suggestion was made from the CSU to offer BSL as an AQP to a regional specification. Due to discrete BSL interpreting community, it was agreed there was no benefit to offering spoken and non-spoken as a single contract. An options paper will be presented to the committee in June 2021, with the objective of agreeing BNSSG's approach to the future commissioning of spoken and non-spoken service provision.

4. Practice mergers/ Approved mergers

No new applications.

5. Closed list Applications

No new applications

6. Approved List Closures

No new applications

7. Partnership Change Requests

See section above re Helios Medical Centre

8. Branch Surgery Closures

The team are expecting two branch closure applications in due course. The first is following the completion of the Weston Parklands Village full business case. The second is for a branch surgery that has been temporarily closed due to Covid-19 (Caple Road)

Once received, these will be taken through due process.

9. Temporary Branch Closures relating to Covid-19

Only one temporary branch closure, Caple Road, now remains in place. The three other branch sites previously closed on a temporary basis have now reopened to patients.

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 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	5	6
Practices	0	1	5	6

No new applications have been received since January 2021.

11. Applications to Change Practice Boundaries

No new applications have been received.

12. 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.

We have received notification from a practice that they have closed to registrations from their aligned care home. The primary care contracts team are working with the Primary Care Network to ensure a suitable solution to allow the PCN to share registrations across a number of practices within the network.

13. Phase 2 PCN Mass Vaccination Direct Enhanced Service

All practices had signed up to the covid-19 vaccination programme DES for cohorts 1-9 (phase 1). Initially, we had received 100% sign up for cohorts 10-12 (phase 2), however 2 PCNs have indicated opt out due to estates and workforce constraints. We are currently working with the PCN to understand the exit plans. Alternative provision is being worked through the covid mass vac delivery programme.

14. Primary Care Performance Management Monitoring / Primary Care Recovery

Through Clinical Commissioning Membership GPs have been consulted on alterations to current Local Enhanced Services in response to the 'Freeing up practices to support COVID vaccination' letter. A summary of changes are as follows:

To continue:

- Anticoagulation
- SMM
- DVT
- Insulin initiation
- ADHD – agreed that it would not be clinically appropriate to suspend the reviews
- Review of patients on warfarin move to alternative if possible
- Relaxed monitoring intervals to be re-circulated

To continue with some relaxation:

- Dementia reviews to be stood down
- Care Home LES quarterly review meeting with home stood down

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. On 7 January 2021, NHS England confirmed that the proposed merging of Extended Hours and Improved Access, scheduled for April 2021 is now delayed until April 2022 at the earliest. The latest contractual position is covered through the Improved Access update to the committee.

In line with guidance from NHS England we have confirmed that practices are able to prioritise Improved Access and Extended Access capacity for the purposes of delivering the covid vaccination campaign. In addition we have asked all PCNs to consider how they can use Improved Access capacity to identify and specifically target discrete population groups, for which access is known to have been impacted by Covid.

Improved Access Performance April 2021

The average number of minutes delivered across BNSSG in March was 72.2 / 1000 per week. This in excess of the 45 minute standard but reflective of the additional IA capacity in place to support the Covid mass vaccination programme. All practices have been issued with allocations for the new financial year. There remains the ability to use IA capacity to support the covid mass vaccination programme.

15. Practice Resilience

Section 96 Applications

The Primary Care Contract team has received no new Section 96 Applications during this period.

16. General Practice Resilience Programme

General Practice Resilience Programme

Practices are identified for the GPRP via the BNSSG CCG Quality and Resilience Dashboard. This is practices with red and amber ratings for resilience. Practices identified for the GPRP are then;

Invited to take part in the GPRP

- Supported to undertake a stock take of the pressures affecting resilience, using the BNSSG CCG Resilience Information Collection Tool and the BNSSG CCG financial health check template
- Supported to develop a resilience improvement plan which is underpinned by a Memorandum of Understanding (MoU) signed by the Practice and the CCG
- Supported to implement the resilience improvement plan

Funding is available to support the development and implementation of improvement plans for practices identified for the GPRP. This funding is provided nationally as part of the primary care transformation funding (previously General Practice Forward View). Several services commissioned by BNSSG CCG as part of the GPRP to support practices with improvement plan implementation are provided by One Care BNSSG.

Practices can also approach the CCG and or One Care for support to improve resilience, sustainability and quality.

10 practices currently on the BNSSG CCG General Practice Resilience Programme.

17. Primary Care Premises Update

This section of the Primary Care Contracts and Performance paper is updated quarterly. The last update was presented in April 2021.

17.1 Background

The BNSSG CCG Estates & IT Sub-Group meets monthly to consider key service and estates issues and identify where the strategic priorities are and how an estates baseline can help to determine a Primary Care Estates and Service Infrastructure Delivery Plan including:

- How to maximise investments in NHS PS premises for Primary Care use
- How to maximise use of key strategic sites
- Where the key capacity pressures from new housing are

- Where the key contractual pressures are – sustainability risks/contract handbacks etc
- Recognising the cost pressures of increased revenue from DV visits
- Supporting the development of key new estate via ETTF and MIG applications
- Develop, review and support Locality and PCN Estate plans and priorities.

General ETTF Programme Risk:

Covid-19 has resulted in project delays in terms of business case development (especially design) and construction on a number of the project listed above, and more generally across the country. This has necessitated NHSE to review the national ETTF programme and the previously fixed date of March 2021 for all projects to be completed. The CFO of NHSE has now signed off an extension to the programme and has rescheduled a proportion of capital into the following financial year (21/22). This has reduced the risk of delivery for our programme as a whole, but presents a new risk of there now potentially being insufficient capital in this financial year to progress all of the projects we are ready to begin and delay until next year. We are working closely with the regional NHSE ETTF team to identify these new risks and schedule the projects and spend as best as possible.

17.2 Minor Improvement Grants (MIGs)

As the Minor Improvement Grants (MIGs) process was put on hold due to the COVID-19 Pandemic, the Capital funding from NHSE has been carried over into 2021/22 to ensure any schemes that were not completed before the 31st March 2021 were still able to be completed.

Following successful due diligence checks, 22 schemes have been approved to complete MIGs works. To date 4 schemes have completed works, a further 18 are due to complete works by the end of Q2 and 3 schemes remain working through due diligence.

17.3 Rent Reviews

Following review of the rent review process by Estates and contracting team rent reviews have now re commenced, however due to Covid-19 the District Valuer is only carrying out Desk Top Reviews.

17.3.1 Reviews in progress

There are currently 10 rent reviews in progress and an additional 4 reviews being appealed by the practice.

17.3.2 Upcoming reviews

There is 1 review due to be carried out in Q1.

17.3.3 Reviews delayed

13 reviews were carried over as incomplete from delegation. 24 reviews have been delayed due to Covid-19. There are a further 16 reviews that are being actively followed up by the Contracting Team.

17.4 Budget Position

2020/21 budgets had been set at 19/20 outturn level, with inflation added where necessary. As at 31st March 2021 (Month 12), the following variances are being shown against these budgets;

Underspend / (Overspend)	20/21 Annual Plan (£ '000K)	Year to Date Budget	Year to date Expenditure (£ '000K)	Year to Date Variance (£ '000K)
Premises Costs				
Notional Rent	6,909	6,909	7,063	(154)
Service Charges	2,557	2,557	2,617	(60)
Healthcentre Rent	1,809	1,809	1,999	(190)
Rates	1,452	1,452	1,431	21
Actual / Cost Rent	697	697	572	125
Void Costs	511	511	511	(0)
Clinical Waste	770	770	720	50
Water Rates	113	113	113	0
Premises Costs Total	14,818	14,818	15,027	(209)

Overall the key contributor to the in-year variance is the cost of the Health Centre management charges (Health Centre Rent - £190k) this represents two years costs as a result of a change in the guidance requiring this cost to be borne locally. The current year cost was £90k and we expect this to be a recurrent feature of the future Primary Care premises costs.

17.5 NHS Property Services & Community Health Partnership Premises

TIR GP lease and service charge progress

Completion of Leases: To date 0/17 completed.

BNSSG CCG is liaising with practices, NHS Property Services, and the LMC to settle historical debt in relation to CCG reimbursable premises costs owing to NHS PS. These funds have been passed on to practices by the CCG in 2018/19 and 2019/20, but in some instances, have not been passed on to NHS PS. These arrangements will see practices reimbursing the CCG these amounts, and the CCG will then pass these funds on to NHS PS.

In 2020/21, the CCG will pay NHS PS directly for the reimbursable amounts under the Premises Cost Directions. This will both aid the cash flow of NHS PS, and reduce the CCG risk around the unpaid liabilities.

17.6 Key Premises Information

Practices with applied abatements

Please note that the table below relates to sites rather than the number of practices within each locality, and that some sites have multiple abatements. Financial analysis will be developed to understand budget implications in future years.

CCG			
	Sites with No Abatement	Sites with Abatements	Total Sites
Bristol	38	16	54
North Somerset	18	11	29
South Gloucestershire	22	11	33
Totals	78	38	116

Number of GP Premises –Main / Branch

	Contracts	Main Premises	Branch	Shared Premises
Bristol		37	11	5
North Somerset		15	12	1
South Gloucestershire		22	8	1
Totals	80	74	31	7

Number of GP Premises – Rent Type

	Actual Rent	CHP	Block contract	Cost Rent	NHS PS	Notional Rent	Grand Total
Bristol	7	6	1	1	11	29	55
North Somerset	4				3	22	29
South Gloucestershire	1			1	5	26	33
Totals	12	6	1	2	19	77	117

18 Financial resource implications

There are specific financial resource implications highlighted within Primary Care Premises Update section of this paper. Any significant new estate financial commitments or requests, or contractual change requests, will be considered via separate papers and will include any relevant financial implications. Increases in financial revenue associated with District Valuer reviews are included in Section 17.4 – Budget Position.

19 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.

20 Risk implications

There remains a risk until the partnership change is signed that the single partner that holds the Helios contract may give notice to retire without a new partner being found. This is equivalent to a contract handback and therefore options for the management of the patient list would need to be reviewed at pace.

21 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.

22 Implications for equalities (Black and Other Minority Issues)

Ethnic/Disability/Age

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

23 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.

24 Recommendations

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

Report Author: Louisa Darlison and Katherine Showler, Senior Contract Managers, Sukeina Kassam, Interim Head of Primary Care Contracting, Susie McMullen; Resilience and Quality Improvement Lead, Jacci Yuill; Lead Quality Manager, Tim James; Estates Manager.

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
DES	Directed Enhanced Services
ETTF	Estates and Technology Transformation Fund
GMS	General Medical Services – Type of GP contract
MIG	Minor Improvement Grant
NHSPS	NHS Property Services
PMS	Personal Medical Services – Type of GP contract
PCN	Primary Care Network

TIR Lease

Tenant Internal Repair Lease



**Bristol, North Somerset
and South Gloucestershire**
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Shaping better health