

# Meeting of Primary Care Commissioning Committee

**Date:** Tuesday 26 April 2022  
**Time:** 9:30 – 11:50  
**Location:** Virtual – Microsoft Teams

<b>Agenda Number :</b>	14	
<b>Title:</b>	Primary Care Contracts and Performance, Quality, Resilience and Premises Report	
<b>Confidential Papers</b>	<b>Commercially Sensitive</b>	No
	<b>Legally Sensitive</b>	No
	<b>Contains Patient Identifiable data</b>	No
	<b>Financially Sensitive</b>	No
	<b>Time Sensitive – not for public release at this time</b>	No
	<b>Other (Please state)</b>	No
<b>Purpose: For Information</b>		
<b>Key Points for Discussion:</b>		
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.		
<b>Recommendations:</b>	The Committee are asked to note the contents of this report for information	
<b>Previously Considered By and feedback :</b>	Not Applicable	
<b>Management of Declared Interest:</b>	Not Applicable	
<b>Risk and Assurance:</b>	There are no specific risks highlighted in this paper this month. Any risks associated with contractual changes will be highlighted via separate papers	
<b>Financial / Resource Implications:</b>	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.	
<b>Legal, Policy and Regulatory Requirements:</b>	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.	
<b>How does this reduce Health Inequalities:</b>	Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.	
<b>How does this impact on Equality &amp; diversity</b>	Monitoring of Primary Care performance alongside practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.	

<b>Patient and Public Involvement:</b>	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.
<b>Communications and Engagement:</b>	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.
<b>Author(s):</b>	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
<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Lisa Manson, Director of Commissioning

## Agenda item: 14

# Report title: Primary Care Contracts, Performance, Quality, Resilience and Premises Report – April 2022, Open Session

## 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

Dr Frank Mulder, the single handed GP of Helios Medical Centre formally notified the CCG on 22 October 2021 that he wished to give notice of retirement giving rise to the termination of his contract. In November 2021 the PCCC agreed a managed list dispersal for this patient list. The CCG team is working with the provider and other system stakeholders to ensure continuity of provision of primary medical services for the registered patients of Helios Medical Centre, Patients have been communicated to by letter with a list of Practices close to their home postcode specific to each individual patient, two sign posting events were held at Helios Medical Centre giving patients the opportunity to come and ask questions and seek relevant support if required.

Patients that have not registered with a Practice and have remained on the Helios Medical Centre list on 25<sup>th</sup> March have now started to be transferred to Practices close to their home address. This is being followed up with a final letter advising the patient which Practice they are now registered with.

## 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	30/06/2023	Agreed 2 year extension, starting 01/07/2021.

The extension of the Homeless health contract has been agreed in principle by the closed PCCC committee in August 2021. Work is being undertaken to finalise the outstanding financial arrangements. Any additional cost agreed as result of this discussion will be appropriately mitigated and updates will be provided in subsequent reports.

**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

An options paper was presented to Primary Care Commissioning Committee in August 2021, with the objective of agreeing BNSSG's approach to the future commissioning of spoken and non-spoken service provision. The Committee approved invoking the two year extension (2+1) for Language Empire Ltd for written and spoken language translation services, and direct award to

Royal National Institute for Deaf People (previously Action on Hearing Loss) for two years. Offers to both providers are being issued by the Primary Care Contracting Team.

The pharmacy enhanced service contracts have been formally extended by 1 year. These will now expire on 31 March 2022. 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.

#### **4. Practice mergers/ Approved mergers**

No new applications. Any formal applications will be taken through due process.

#### **5. Closed list Applications**

One formal list closure application has been approved last month. The CCG has also received communication regarding one other potential list closure application. Further conversations are being had with the Provider to understand areas of potential support and understand reasons for the Practice considering potential list closure.

#### **6. Approved List Closures**

No new applications currently approved

#### **7. Partnership Change Requests**

See section above re Helios Medical Centre

The partnership of Coniston Medical Practice has been amended, effective as of 01 October 2021.

#### **8. Branch Surgery Closures**

The closure of the Capel Road branch of Shirehampton Group Practice took place on 9 March 2022, as approved at PCCC November 2021.

The Primary Care Contracts team expects an application from a practice in Spring 2022 and will review this when received.

#### **9. Temporary Branch Closures relating to Covid-19**

There are no temporary branch closure in place.

#### **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 1 April 2021 to 31 March 2022.

	N/Somerset	Bristol	S Glos	Totals
Applications	0	6	5	11
Practices	0	5	5	10

The table below details the number of applications received since 1 April 2022.

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

## 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.

## 13. Phase 3 PCN Mass Vaccination Direct Enhanced Service

At current all PCNs are still signed up to the Mass Vaccination DES. On 10<sup>th</sup> March an update was issued which allows PCNs to continue with delivery without a formal opt in/out notification; there is an automatic rollover assumption unless notice is given by a PCN. The previous notice period of 49 days has been brought down to 21 days. A “pause” clause has been introduced which allows a CCG to effect a pause if there is a requirement to do so. The BNSSG Mass Vaccination programme is currently working on an evergreen offer and will consider geographical coverage along with areas of deprivation, health inequalities and appropriate access and for future ongoing sustainable provision.

## Weight Management / Long Covid Direct Enhanced Service

### Weight Management

Through this enhanced service practices will be paid £11.50 per referral to one of four weight management services:

- NHS Digital Weight Management services for those with hypertension and/or diabetes.

- Local Authority funding tier 2 weight management services;
- Diabetes Prevention Programme for those with non-diabetic hyperglycaemia; or
- Tier 3 and Tier 4 services

Bristol are now introducing a pilot Tier 2 service in certain areas of the city. Full details have been requested. Allocations for all practices under this enhanced service have now been received and distributed. This represents circa 37% of each practice's obesity register. The DES allows for a review at the end of November 2021. If, at this point, a practice has delivered less than 40% of this allocation, the CCG are entitled to re-distribute the remaining allocation to practices that look like they may exceed their initial allocation. This distribution can take place from January 2022.

As detailed in the GP Contract update letter dated 1 March 2022, this enhanced service is to continue in 22/23.

### **Long Covid**

Upon sign up practices will be entitled to £0.371 per registered patient (75% of payment). This will be paid monthly. The list size is taken as at January 2021. The remaining £0.124 per registered patient (25%) will be paid upon commissioner confirmation that the required self-assessment has been completed by 31 March 2022.

A self assessment template has been published and practices will be required to submit by 31 March 2022 confirmation that they have in place:

- Workforce education and training in place on how to identify, assess and manage Long COVID; this learning may differ depending on the role and learning need of each professional
- Development of own practice/primary care network clinical pathway to enable supported self-management; this might include referral to a social prescriber or health and wellbeing coach
- Knowledge of local clinical pathways including how to signpost to support or refer to a specialist clinic where necessary
- Comprehensive data coding for Long COVID from the start date of the enhanced service (but retrospective coding opportunistically where practical)
- Equity of access plan, working with system partners, to help raise awareness of support and to understand potential barriers

Submission of this template and confirmation that these requirements are in place, needs to be made in order for practices to access the remaining 25% of funding.

The majority of practices have returned the self assessment as at 11 April 2022 and will be entitled to the final tranche of payment. We will chase any outstanding practices with a view to release all the funding by the end of May 22.

## **14. Primary Care Support to Interim Accommodation Centres**

BNSSG is currently supporting Asylum seekers and Refugees across six hotel sites. Two of three sites in Bristol are specifically supporting families evacuated from Afghanistan in recent months under the Afghan Resettlement Programme. Another two hotels were set up on in the South Gloucestershire area in November and January for other Asylum seekers/ refugees arriving into

the country. A further hotel has now been setup in North Somerset since 19<sup>th</sup> April. We are working with the Haven team within Sirona who are an established service in the local area, to support enhanced health checks and screening for residents alongside ensuring they receive support from local GP practices. To facilitate this an enhanced service has been developed across the Haven and the surgeries to ensure a clear offer is made available to the residents.

The community pharmacy emergency medication LES has been expanded to pharmacies to ensure appropriate coverage across all 5 hotel sites.

## **15. Primary Care Performance Management Monitoring / Primary Care Recovery**

All practices received the Expression of Interest for Local Enhanced Services at the end of May 2021.

As agreed at PCOG in September, the flu antiviral service was offered to all PCNs for delivery at either locality, Local Authority or BNSSG footprint. 8 responses received, 7 stated they could not offer at any of these footprints, 1 indicated a BNSSG offer would be possible. Final approach to costing, data sharing and assurance is being worked through.

### **Improved Access Performance November 2021**

The average number of minutes delivered across BNSSG in February was 77.6/1000 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.

A summary specification for the revised Enhanced Access DES has been published in the GP Contract Letter (01 March 22). This DES will be part of the PCN network contract from 01 October 22. Preparatory work will begin in the interim and the CCG contracting team will be working with PCNs and One Care to establish a plan for the new model of delivery.

## **16. Practice Resilience**

### **Section 96 Applications**

On 3 March 2022 a Section 96 Discretionary Funding Panel was reconvened to make a third review of a Practices' Section 96 application submitted following completion of an external finance review and a second review of another Practices' Section 96 application. The panel partially supported the application of the first Practice with two conditions. The Practice have agreed to the conditions an MoU is being produced to enable release of funds.



The application by the second Practice was rejected as it did not meet the acceptance criteria. The panel did however agree to signpost the Practice to other resources to support their developmental ambitions.

## **17. General Practice Resilience Programme**

### **16.1 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 are currently on the BNSSG CCG General Practice Resilience Programme

Due to the confidential nature of the issues involved a full update on the programme of work is presented to the closed committee.

## **18. Primary Care Premises Update**

This section of the Primary Care Contracts and Performance paper is updated quarterly. The last update was provided in March 2022.

### **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.

## 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 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.

## 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.

<b>APMS</b>	Alternative Provider of Medical Services - Type of GP contract
<b>DES</b>	Directed Enhanced Services

<b>ETTF</b>	Estates and Technology Transformation Fund
<b>GMS</b>	General Medical Services – Type of GP contract
<b>MIG</b>	Minor Improvement Grant
<b>NHSPS</b>	NHS Property Services
<b>PMS</b>	Personal Medical Services – Type of GP contract
<b>PCN</b>	Primary Care Network
<b>TIR Lease</b>	Tenant Internal Repair Lease