

Meeting of Primary Care Commissioning Committee

Date: Tuesday 26th January 2021
Time: 9:30-11:30
Location: Virtual – Microsoft Teams

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| 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. |

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| 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 |
| Sponsoring Director / Clinical Lead / Lay Member: | Lisa Manson, Director of Commissioning |

Agenda item: 13

**Report title: Contracts and Performance Report –
 January 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 |

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.

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 |

| Practice | Locality | Contract Type | Agreed End date | Notes |
|---|----------------|---------------|-----------------|--|
| 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 |
| 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 received a request from one practice to close their practice list. The Primary Care contracting have met with the practice to discuss their needs and alternative options available. As at 18 December, the practice have confirmed that the application is on hold whilst alternative opportunities are explored. If a formal application is received this will need to be processed within 21 days and therefore may need to be agreed virtually outside of the traditional meeting cycles for PCCC.

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 | 5 | 6 |
| Practices | 0 | 1 | 5 | 6 |

We received 1 application from a practice to close for a staff training session on 16 December 2020 (14:00-16:00) this was approved with appropriate cover in place and messaging on the practice website.

A further application was received from a practice to support diversion of staff for the purposes of mass vaccination. This was also approved with appropriate cover in place.

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

No new applications have been received during this period.

The team are expecting a further branch closure application in due course, following the completion of the Weston Parklands Village full business case. Once received, this will be taken through due process.

10. Temporary Branch Closures relating to Covid-19

There remain four temporary branch closures in place.

Appendix 1 includes an update against each of the remaining closures in place in relation to Covid-19 response. All practices have completed key questions in relation to Equality Impact Assessments that have been undertaken, noting that these closures have now been in place for some time. All closures are under review with practices to ensure equality of access for patients.

The approach that was agreed at the October meeting, noted that these closures have now been in place for several months, it was recognised that more formal arrangements needed to be considered, considering reopening branch sites in a Covid-19 safe way.

In order to support this approach the formal Branch Closure application form had been shared with each practice that was planning for branch sites to remain closed; requiring practices share detailed information relating to the arrangements in place for their patients, the engagement undertaken to date, and the Quality and Equality impact assessments carried out to support.

Further to the above all four Practices have been contacted during October 2020 regarding their intention for reopening their branch sites.

As the situation with COVID has continued to develop since October it is now felt unlikely that these branches will be opened in the near future.

11. Section 96 Applications

The Primary Care Contract team has received no new Section 96 Applications since November.

In November one Section 96 Application was received which remains open. Following the outcome of the review panel convened on 16 November, the practice were required to confirm if they would accept the recommendation for a full finance review to be conducted and also respond to several outstanding queries. A virtual meeting occurred with the Practice Manager in January, where acceptance of the finance review was confirmed and further information was provided. A proposal with alternative options to those presented in the original Section 96 Application was discussed, with consideration to be given by the practice management team and feedback provided in advance of a second Section 96 panel being convened.

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. 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.

In addition, all practices have signed up to the covid-19 vaccination programme DES.

14. Primary Care Performance Management Monitoring / Primary Care Recovery

We will be writing out to practices to confirm funding arrangements in light of the 'Freeing up practices to support COVID vaccination' letter referenced above. Arrangements for Quarter 1 and 2 funding will also be considered noting the likely time it will take to progress the vaccination programme at the pace required.

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 Extended Hours contract is to continue in its current form and we have been advised to secure the commissioning of Improved Access until April 2022. The current contract is held by One Care and is due to expire on 31 March 2021. The future of this service will be considered via separate papers to the committee in February 2021.

The average number of Improved Access minutes delivered in November was 61.2. This represented a number of minutes being delivered to support the flu vaccination campaign.

In line with guidance from NHS England we have confirmed that practices are able to prioritise their remaining Improved Access capacity for the purposes of delivering the covid vaccination campaign. We have received confirmation that all PCNs have enough funded capacity to deliver the minimum standard of 30 minutes / 1000 population per week for the remainder of the 2020/21 financial year. In addition PCNs can use Extended hours capacity in the same way.

ADHD Local Enhanced Service

The ADHD enhanced service contract was issued to practices in December 2020. At the time of writing 26 practices have returned a signed agreement, once these are received this information is passed across to AWP who can then formally discharge eligible patients to those practice for onward management under this enhanced service.

15. General Practice Resilience Programme Updates

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 General Practice Forward View. Several services commissioned by BNSSG CCG as part of the GPRP; designed to develop and implement resilience improvement plans are provided by One Care BNSSG.

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

Practices currently on the BNSSG CCG General Practice Resilience Programme

There are seven practices currently formally engaged in the BNSSG CCG GPRP.

16. 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.

17. 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.

18. Risk implications

There is a risk 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. Therefore in light this may occur the primary care contracting team will begin to plan for this scenario.

19. 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.

20. 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.

21. 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.

22. 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.

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|-------------|--|
| 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 |

Appendix 1 - Temporary Branch Closures, Covid-19 Related

| Covid-19 Related Branch Closures – Plans and Reopening Plans and EIA updates | | | | | | |
|--|--|---|--|--|--|--|
| Closed Branch Surgery and lead contact | Update – Sept 2020 | Current Access Arrangements | Reopening Plans and Reassessment Triggers | How patients are being kept informed | Is there evidence or any other reason to suggest that the closure could have an adverse impact on any section of the community? | Please describe how any potential impacts have been mitigated. |
| 1. | <p>Our branch surgery remains closed owing to the fact it is not possible to make it a covid secure workplace for my staff neither is it possible to adequately social distance the patients. For example – it only has one toilet for staff and patients to share. We have however been able to use the site for shielding staff to work from more safely.</p> <p>Practice contacted in October 2020 regarding intention to reopen branch site</p> | <p>All phone calls are being put through to our main site automatically. Patients are being offered video or telephone calls. Most can get to our main site if they need to be seen or we are able to arrange a home visit.</p> | <p>We reassess regularly. No plans to reopen in current covid environment. Anticipating second wave soon. It is just not safe.</p> | <p>Local newsletter, text messages, patient group. No complaints received.</p> | <p>No evidence. The patients access all services in the same way as all our patients.</p> | <p>No adverse affects.</p> |
| 2. | <p>The branch remains closed because the minimal amount of GP F2F appointments currently being utilised does not justify the use of the branch building.</p> <p>Practice contacted in October 2020 regarding intention to reopen branch site</p> <p>November 2020: Practice being supported with formal branch closure process, including engagement and impact assessments</p> | <p>All patient services are available with the Practice at main practice site.</p> | <p>We are currently considering options, and will update as soon as plans are finalised</p> | <p>Patients were informed of the temporary closure due to covid back in March through our website, social media and via posters displayed at the site. Since that time, we have continued to access the postal mailbox daily to ensure anyone dropping off repeat prescriptions is not disadvantaged by the closure; as a PCN we are now in the process of moving to paperless prescription requests, so this will not be an issue moving forwards. No complaints have been received to date regarding this.</p> | <p>The branch site is not compliant with social distancing as access is limited. Limitations on space at this site have been a historic issue (pre covid) but this was investigated with HSE and BCC in recent years and was considered exempt due to all services being available at the main site.</p> | <p>None that we are aware of.</p> |

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|----|--|---|--|--|--|--|
| 3. | <p>Branch remains closed, with patients being diverted to other sites in the PCN. Awaiting further updates</p> <p>Practice contacted on in October 2020 regarding intention to reopen branch site</p> | <p>Patients can access services at other PCN sites. Patients that attend the branch can still speak to staff via the intercom, but there is no admittance to the building due to a lack of space and inability to maintain distancing.</p> | | <p>The website is updated regularly, and patients are also being made aware when speaking to receptionists and being triaged for appointments.</p> | | |
| 4. | <p>Branch remains closed. Building work is required where water ingress has taken place over the last few months. The work has been quoted for, and the practice have been asked to complete the temporary branch closure process to ensure patients have access to other sites in the meantime.</p> <p>Practice contacted in October 2020 regarding intention to reopen branch site and for further updates to support EIA/QIA</p> | | | | | |