

Meeting of Primary Care Commissioning Committee

Date: Tuesday 27 April 2021
Time: 09:30 – 11:35
Location: Virtual – Microsoft Teams

Agenda Number :	13	
Title:	Contracts and Performance 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
Sponsoring Director / Clinical Lead / Lay Member:	Lisa Manson, Director of Commissioning

Agenda item: 13

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

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.

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. The practice has formally requested a partnership variation to include the current partners of Mendip Vale on the contract. This change is proposed to take place with effect from 1 April 2020. However the CCG has not received the formal written notification required to consider this partnership variation.

In this scenario both Mendip Vale and Helios will remain as separate contracts. Patient lists will remain independent. The arrangement is comparable to that of Monk's Park Surgery and Mendip Vale.

Mendip Vale has signalled that their long term plan would be to apply to formally merge the two contracts and that they are in negotiation with the Helios Trust to purchase the site. The CCG Estates team will be providing advice and support as required.

Any formal request for merger will be taken through due process and considered in separate papers to the committee.

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

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

Provider	Locality	Contract Type	Agreed End date	Notes
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.

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. 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.

9. Applications to Change Practice Boundaries

No new applications have been received.

10. Section 96 Applications

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 (PCN) 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.

All practices have signed up to the covid-19 vaccination programme DES for cohorts 1-9 and in phase 2 of the DES to deliver to cohort 10 and beyond.

13. 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.

The average number of minutes delivered across BNSSG in February was 77.2 / 1000 per week. This is 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 final allocations for the remainder of the year and all PCNs will deliver at least 30 minutes of capacity to week across March 2021.

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 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.

There is a risk of the practice referenced in section 4 could hand back their contract should the situation in the practice deteriorate further or if merger discussions break down.

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

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