

# BNSSG Primary Care Commissioning Committee (PCCC)

Date: 28<sup>th</sup> January 2020

Time: 9.00am – 11:35am

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

<b>Agenda Number :</b>	15
<b>Title:</b>	Quarterly Report to Governing Body
<b>Purpose: Decision</b>	
<b>Key Points for Discussion:</b>	
To provide a summary of the third quarter of the Primary Care Commissioning Committee's activities and decisions in 2019/2020 to the Governing Body and to ensure the full commissioning pathway is presented to Governing Body.	
<b>Recommendations:</b>	Recognise the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarter three 2019/20  Propose the Governing Body receives the report to support its own work plan and decision making.
<b>Previously Considered By and feedback :</b>	Contents of this paper have been discussed in open session of PCCC
<b>Management of Declared Interest:</b>	Conflicts of Interest are managed at each meeting of the Committee.
<b>Risk and Assurance:</b>	The summary of risks scoring 15 and above affecting primary care was shared with the Committee at the September meeting and is again shared in the January 2020 meeting.
<b>Financial / Resource Implications:</b>	<ul style="list-style-type: none"> <li>Note that at Month 9, delegated primary care budgets are reporting a forecast break-even position</li> </ul>

	<ul style="list-style-type: none"> <li>Note that this forecast out-turn includes £0.7m of additional non-recurrent funding now received from NHSE</li> <li>Note the need to set an operational budget for 2020/21 which will be presented to PCCC in February</li> </ul>
<b>Legal, Policy and Regulatory Requirements:</b>	There are no specific legal implications in this paper.
<b>How does this reduce Health Inequalities:</b>	Monitoring of Primary Care Quality and Performance will highlight any areas of Health Inequalities within BNSSG which will then be addressed accordingly.
<b>How does this impact on Equality &amp; diversity</b>	Monitoring of Primary Care Quality and Performance alongside practice demographic information will help to highlight areas of variation of service which will then be addressed accordingly.
<b>Patient and Public Involvement:</b>	The content of this paper has not required any direct consultation.
<b>Communications and Engagement:</b>	Contents of this paper have been discussed in open session of PCCC
<b>Author(s):</b>	David Moss, Head of Primary Care Contracts, Jenny Bowker, Head of Primary care Development, Bridget James, Associate Director of Quality, Rob Ayerst, Head of Finance Community & Primary Care
<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Lisa Manson, Director of Commissioning, Martin Jones, Medical Director, Commissioning & Primary Care, Rosi Shepherd, Director of Nursing

## Agenda item: 15

### Report title: Quarterly Report to Governing Body

#### 1. Background

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated commissioning of primary care to NHS Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG).

The CCG has established the Primary Care Commissioning Committee ('the Committee'). The Committee functions as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the CCG are directed to co-operate with any request made by the Committee.

The Primary Care Operational Group (PCOG or "Operational Group") is established as a sub-group of the Primary Care Commissioning Committee (PCCC) overseeing a programme of work to deliver the BNSSG Primary Care Strategy and GPFV. The PCOG is the operational arm of the PCCC and executes our responsibilities for delegated commissioning and the procuring of high quality general medical services for the population of BNSSG. The PCOG ensures that demonstrating and securing value for money is a core principle of the group and that budgetary oversight is provided to the PCCC.

It is recognised the PCCC and Governing Body, whilst running parallel decision making processes need to stay aligned. Therefore a PCCC quarterly update to Governing Body will be provided to ensure the full commissioning pathway is presented to Governing Body.

This quarter three update therefore provides a summary of the third quarter's activities and decisions in 2019/2020.

#### 2. Primary Care Network Update

The Committee received an update on the following:

- Workforce baseline
- PCN additional roles
- Maturity matrices
- Extended hours in PCNs
- Organisational development and leadership in PCNs

- The implementation of additional roles, the new guidance on additional roles, and the financial implications for the CCG.

It was reported that an event was held for PCN Clinical Directors and Locality Leads on 2nd October 2019 to better understand PCN maturity in BNSSG and start to build an OD development programme for PCNs. Following this event all 18 PCNs submitted a self-assessment of their maturity using the NHSE PCN maturity matrix to the CCG. The majority of the PCNs scored themselves at pre-foundation or foundation stage and the CCG was reviewing the support that could be offered to the PCNs to help them progress. A proposal for OD and Leadership Development support is being presented to the Primary Care Commissioning Committee in January 2020.

All PCNs had submitted plans to deliver their required share of Extended Hours minutes in July.

A baseline of the reimbursable roles' workforce in BNSSG's PCNs has been signed off as correct by all Clinical Directors in BNSSG. The report set out Indicative Additional Roles Reimbursement Sum allocations for different PCN sizes from 2020/21 to 2023/24 as published in NHS England guidance received in August. The report also described the process the CCG has developed and implemented for additional roles reimbursement approval which is in line with national guidance. The update described that the financial forecast on additional roles underspend would need to be shared with the Committee later in the year, noting that the CCG had developed a local offer to support PCNs to recruit pro-rata to population in 2019/2020 in advance of this approach coming into effect nationally from April 2020. The Committee discussed how recruiting to these additional roles could best be supported and what progress had been made in developing solutions to share roles across organisations, including locality wide social prescribing service offers, rotational posts for clinical pharmacists and work with SWAST on paramedics. It was agreed that this should be discussed further.

The Committee was also informed that there will be an NHS England PCN dashboard introduced in 20/21 and an Impact and Investment Fund which will complement service requirements. It is anticipated that the PCN dashboard will monitor delivery of the metrics in the new PCN specifications coming into effect from April 2021. The Impact and Investment Fund is expected to provide additional funding to PCNs which go further and faster to deliver the national service specifications and provide an incentive for PCNs to reduce unwarranted demand on NHS services, including overprescribing and inappropriate A&E attendances.

The Committee noted the findings from the PCN self-assessment, the proposed OD next steps and the implementation of additional roles. It was agreed that a Primary Care Committee Seminar session should be held to enable more detailed discussion of workforce models and additional roles with regards to PCNs and that PCN Clinical Directors should be invited to attend. This is scheduled for 25<sup>th</sup> February 2020.

### 3. General Practice Forward View

- **GP Forward View Report**

A dashboard overview report of GPFV implementation in BNSSG was shared with the Committee in November. This was presented using the 4 key domains of the GPFV: workforce, care redesign, workload and practice infrastructure. A CCG self-assessed RAG rating was used to indicate progress against plans in relation to these domains. The first 3 domains were self-assessed as Green with practice infrastructure being assessed as Amber. It was however, stressed that the RAG ratings were used to assess progress against plans rather than to risk assess the availability of workforce in primary care. Nationally the shortage in primary care workforce is recognised and continues to be a focus for national and local action. An increase in Improved Access capacity over winter was highlighted to support the urgent care system and winter pressures. It was reported that more practices are engaging in the Time for Care programme with 41 practices having taken part in the Productive General Practice Quick Start Programme. 12 practices are piloting 3 online consultation products and the evaluation and next steps are due to be presented to the Committee in January. Practice Infrastructure continues to be rated as Amber as there is work to do to support direct booking from NHS 111 into general practice (including technical solutions), a wider roll out of online consultations is planned and there is more work to do to support delivery of the Estates strategy.

The Committee received the report and suggested that future reports include RAG ratings to assess both progress against plans and intended outcomes.

### 4. Reviewing our LES offer

The Committee received a report that outlined the current position of the CCG locally commissioned Enhanced Services. The report provided an update on performance against the intended outcomes, highlighting current activity data, and analysing the financial performance against the forecast. It also presented an update on the automated Enhanced Service activity extracts, which have been implemented to reduce processing time, and enhance payment accuracy.

An update was given against each of the activity reports for the 8 locally commissioned services, which included the uptake across general practice against each:

- Anticoagulation Basic (63) and Advanced (17)
- Dementia (80)
- Insulin Initiation (71)
- GP Practice Support to Care Homes (64)

- DVT Pathway for Patients Presenting in General Practice (77)
- Specialised Medicines Monitoring (80)
- Supplementary Services (83)

In summary, the outcomes appeared relatively positive overall and the level of service provided by each was in line with expectations. There was outstanding data not available at the time the paper was published, and therefore the outcomes for each included reference to further analysis work that will be undertaken at year end.

The report also referenced the introduction of new national Network Enhanced Services, which have been shared in draft form with commissioners and providers for review. It was recognised that Commissioners need to ensure the local specifications do not duplicate or contradict the aims of the National Specifications, and therefore a LES review group will be formed. The purpose of this group will be to review the current suite of Enhanced Services which are due to expire on 31 March 2020, against the national specifications and to ensure appropriate transition arrangements are in place where necessary.

## 5. Primary Care Quality Report

The Committee receives monthly reports on quality in primary care which include information on Care Quality Commission (CQC) practice related publications, Friends and Family Test data, patient experience data, any quality escalation issues and focused quality domain data. For quarter 3 of 2019/20 an overview was given on the quality domains presented in the last 12 months and a plan for future quality reporting to the committee was presented in November.

- **Care Quality Commission**

During quarter 3 of 2019/20, three practices had their CQC inspection reports published. Of the three, one practice received an overall rating of 'Requires Improvement' – Lawrence Hill Practice, one received a rating of 'Good' overall - Broadmead Medical Practice and one received an overall rating of Outstanding – Cadbury Heath Healthcare. The quality team has contacted the practice where concerns have been raised within the published CQC report offering support with improvement actions.

In October we presented an overview of CQC practice ratings since the CCG took over delegated commissioning of general practice primary care services. In April 2018, four practices had an overall rating of 'Outstanding' and all other practices were rated as 'Good'.

Since this time 32 practices have had their CQC inspection reports published. Of these, four received an overall rating of 'Requires Improvement'. One practice successfully challenged their overall rating and had this amended to 'Good' within this time period. One practice received a rating of 'Outstanding' overall.

In October we compared the BNSSG practices with the national ratings following publication of the CQC 'State of Care' Report 2018/19. This showed 95% of practices nationally are rated as either 'Good' or 'Outstanding' compared to 96% in BNSSG. There are no practices rated as 'Inadequate' within BNSSG compared to 1% nationally.

Work continues to support the practices where improvements have been highlighted by the CQC.

- **Friends and Family Test**

The BNSSG practice submission rates for Friends and Family Test (FFT) data remain significantly above the national average. Due to the lag time for reporting FFT data, for the third quarter of 2019/20 August and September's data only was presented. For these months the response rates were 72% and 81.7% respectively against a national rate of 61%. The Quality and Contracts teams continue to reiterate the contractual requirements with practices who do not submit data on a monthly basis.

In November, the committee were informed of the proposed changes to the FFT which will take effect from April 2020. The main change to be implemented in Primary Care is a change to the standard question. This will be "Thinking about your GP practice overall, how was your experience of our service?" This is a change from the current question "How likely would you be to recommend this service to your friends and family?" This information has been circulated to Practices via the GP Bulletin.

- **Healthcare Associated Infections (HCAI) and Antimicrobial Resistance programme (AMR)**

In October the committee were informed of the plans to improve HCAI reporting within primary care, specifically for Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia, Clostridium Difficile and Escheria coli (E.coli). These included: developing an MRSA alert tool for all providers to contribute to; support to improve the use of the community onset Clostridium Difficile reporting tool, review cases and identify learning; ensuring that GPs and practice nurses have access to the catheter passport and are involved in the work to address E.coli where the primary source of bacteraemia was linked with a urinary tract infection; and identify Infection Control Link nurses in each GP Practice who will cascade actions from the HCAI meetings.

The Quality Team is working with the Business Intelligence Team to include HCAI metrics into the Primary Care dashboard so that this information can be utilised at a GP practice, Primary Care Network (PCN) and Locality level to identify key hot spots and trends to work with practices and reduce infection rates.

- **Incident Reporting**

There is an established process where GP concerns/incidents are being reported through the Datix portal, however these mainly relate to issues GP Practices have with other providers or are immunisation and medication incidents. To date three serious incidents have been reported and investigated by the practices. These incidents are entered on to the NHSE StEIS database by the CCG and support offered to the practices with the investigation of these events.

Work is ongoing to encourage practices to report their serious incidents by; ensuring that all our stakeholders are clear on their responsibilities and our expectations to further and foster a culture of openness and transparency that focuses on continuous learning and improvement; identifying Quality Leads within practices who will be brought together via the online Quality eForum platform; sharing detailed guidance for GP Practices on how to report serious incidents and how these should be investigated; and ensuring anonymised learning from incident investigations is shared with all the providers across BNSSG to ensure similar issues cannot occur in other areas.

- **Quality Deep Dive Calendar 2020**

In November the committee agreed a change to the monthly quality reporting plan. The agreed schedule provides regular monthly data on CQC reports, FFT data, Flu uptake rates (seasonal) and any quality escalation issues. On a quarterly basis HCAI and AMR data, incident and complaints data will be presented. It was agreed four deep dive reviews will be presented in the year, produced in collaboration with colleagues across the CCG, including input from Localities and GP forums. The four subjects will be: Equality and Provision of Care, The Safety Culture, Leadership Culture and Learning from Excellence and Patient Experience and Access

Explanations of the four subjects were included in the report.

## **6. Influenza Season Work Plan**

In October the committee were presented with actions planned to support maximum uptake of the vaccine. These included:

- Holding fortnightly Task and Finish BNSSG Seasonal Flu Group meetings to provide a strategic overview of the requirement, provision of vaccines, associated risks and mitigations plus the ongoing position of the flu uptake across BNSSG.
- Ongoing work to prepare and manage influenza outbreaks. Details of this were presented in a separate paper to the November committee meeting.



- Close working with Public Health England Screening and Immunisation Team who are contacting and working with the lowest performing practices.
- Ensuring all practices have the latest patient facing leaflet for providers to support the programme this year.
- Presenting GP practices flu uptake figures.

BNSSG CCG position at the end of December 2019 is shown in the table below. At this stage the CCG was already above the national end of season ambition of 75% for the '65 and over' cohort of patients and above the national uptake rate for the other two cohorts. Work continues to support uptake rates in these cohorts.

**Figure 1: Flu Vaccination Uptake Rates**

At Risk - (6 months - to Under 65 years)			65 and Over			Pregnant and NOT in At Risk Group		
National end of season ambition	National Uptake	BNSSG	National end of season ambition	National Uptake	BNSSG	National end of season ambition	National Uptake	BNSSG
55%	40.1%	44.1%	75%	70.2%	75.2%	55%	39.2%	44.0%

## 7. Financial resource implications

### 2019/20 Forecast Out-turn

Prior to Month 6 reporting, delegated Primary Care budgets were maintaining a break-even forecast out-turn position against budgets, with £1.7M of risk in delivering this position in year.

In month 6, a revised forecast out-turn position was been reported, resulting in a forecast deficit of £68K, with an additional £700K of risk.

At month 9, the risk adjusted forecast out-turn position has been updated back to a break-even position. Additional resource of £1M (£300K of which is recurrent), has been secured from NHSE to deliver this position.

The key variances showing how this break-even position is delivered are set out in the table below:

Surplus / (deficit)

Budget Line	Description	Month 9	Movement from previous month

<b>1. Planned Deficit</b>	<b>The planned deficit against delegated budgets before assumed additional funding</b>	<b>(£1,665K)</b>	<b>-</b>
2. n/r allocation	A non-recurrent allocation to fully fund improved access at £6/head (remainder of allocation already in CCG baseline)	£369K	-
3. Population growth	Benefit of actual list size growth being lower than budgeted levels	£246K	£126K
4. Seniority Payments	Benefit of lower than planned seniority payments	£185K	£27K
5. List Dispersals	The net cost of premiums and list size growth paid to practices taking on new patients on the back of list dispersals	(£249K)	(£4K)
6. Transitional Funding	Non-recurrent funding agreed to support safe transition of services to new providers post contract handbacks.	(£450K)	-
7. 0.5% Contingency	Uncommitted budget at the start of the year that has now been released to off-set in year cost pressures	£638K	-
8. Section 96	Additional award of section 96 funding	(£82K)	(£82K)
9. Other	Other Net variance from plan	£8K	£1K
10. Recurrent allocation	£300K increase in recurrent allocation received from NHSE, and representing BNSSGs share of regional cost pressures relating to locum costs	£300K	-
11. Non-recurrent allocation	Additional non-recurrent resource confirmed by NHS England	£700K	-
<b>12. 2019/20 Forecast</b>	<b>Revised Forecast out-turn variance</b>	<b>(£0K)</b>	<b>£68K</b>

## 2020/21 Budget Setting

Subsequent to the Long-Term Plan (LTP) submission, and draft five-year financial plans as previously presented to PCCC, the finance team are working on the Operational Budget for 2020/21. This will be presented in draft to PCCC in February for final sign off by budget holders in March.

## 8. Legal implications

There are no legal implications within this report.

## 9. Risk implications

The summary of risks scoring 15 and above affecting primary care was shared with the Committee at the September meeting and is again shared in the January 2020 meeting.

## 10. Implications for health inequalities

Monitoring of Primary Care Quality and Performance will highlight any areas of Health Inequalities within BNSSG which will then be addressed accordingly.

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

Monitoring of Primary Care Quality and Performance alongside practice demographic information will help to highlight areas of variation of service which will then be addressed accordingly.

## 12. Consultation and Communication including Public Involvement

The content of this paper has not required any direct consultation.

## 13. Recommendations

Recognise the work that the Primary Care Commissioning Committee (PCCC) has overseen through quarter three 2019/2020.

Propose the Governing Body receives the report to support its own work plan and decision making.

**Report Author:** David Moss, Head of Primary Care Contracts, Jenny Bowker, Head of Primary care Development, Bridget James, Associate Director of Quality, Rob Ayerst, Head of Finance Community & Primary Care

**Report Sponsor:** Lisa Manson, Director of Commissioning, Martin Jones, Medical Director, Commissioning & Primary Care, Rosi Shepherd, Director of Nursing

## Glossary of terms and abbreviations

<b>APMS</b>	A time limited contract that is typically issued when GP partners hand back a list to commissioners
<b>GPFV</b>	The GP Forward View is a national 5 year plan of support for general practice. It includes help for struggling practices, plans to reduce workload, expansion of a wider workforce, investment in technology and estates and a national development programme to accelerate transformation of services.
<b>PCNs - Primary Care Networks</b>	A primary care network consists of groups of general practices working together with a range of local providers, including across primary care, community services, social care and the voluntary

	sector, to offer more personalised, coordinated health and social care to their local populations.
<b>Local Medical Committee (LMC)</b>	A Local Medical Committee is a statutory body in the UK. LMCs are recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices as a whole to the Primary Care Organisation
<b>NSAIDs</b>	Non-steroidal anti-inflammatory drugs (NSAIDs) are medicines that are widely used to relieve pain, reduce inflammation, and bring down a high temperature.
<b>MRSA and Cdiff</b>	MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. The full name of MRSA is methicillin-resistant Staphylococcus aureus.  Clostridium difficile, also known as C. difficile or C. diff, is bacteria that can infect the bowel and cause diarrhoea.
<b>Local Enhanced Services</b>	