

Meeting of Primary Care Commissioning Committee – Open Session

Date: Tuesday 28 June 2022
Time: 09:30 – 11:45
Location: Virtual – Microsoft Teams

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| Agenda Number : | 11 | |
| Title: | Primary Care Contracts and Performance, Quality, Resilience and Premises 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. | |

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| 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: 11

Report title: Primary Care Contracts, Performance, Quality, Resilience and Premises Report – June 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** | 62 | 10 | 80 |

**APMS contract for SAS included

a. Single handed Contractors holding GMS/PMS contracts

Helios Medical Centre formally closed on Friday 29th April 2022 and is no longer included in the above table of existing contracts. The CCG no longer has any single handed contractors providing primary medical services.

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+1 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 |

| Practice | Locality | Contract Type | Agreed End date | Notes |
|---|----------------|---------------|-----------------|--|
| 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. |

At closed PCCC committee in January 2022 approval was given for a market engagement exercise to be undertaken for the Charlotte Keel Medical Practice APMS contract, which is due to expire 31st March 2023. A Prior Information Notice (PIN) was issued through the required procurement platforms and BNSSG CCG Primary Care contract holders were also directly informed of the PIN. A healthy level of genuine interest in the contract was received through the market engagement exercise, which included the opportunity for interested parties to meet with members of the CCG.

The outcome of the market engagement exercise was shared with PCCC closed March 2022 and approval was granted to proceed with a competitive tender. An Invitation To Tender (ITT) is in development and will be bought to PCCC closed in due course, seeking approval to proceed with issue of the ITT to the market place through the required procurement platforms.

The APMS contract for the Special Allocation Scheme (SAS) is due to expire 30th June 2023. PCCC gave approval in closed session March 2022 for a market engagement exercise to be undertaken to assess the level of interest for this contract; informing future decision making on the procurement route to be taken. A PIN will be issued in due course on the required procurement platforms and BNSSG CCG Primary Care contract holders will also be directly informed.

The extension of the Homeless health contract was agreed in principle by the closed PCCC committee in August 2021. Primary Care Contracts continue to liaise with the contract holder 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 |

| Provider | Locality | Contract Type | Agreed End date | Notes |
|------------------------|----------|---------------|-----------------|-----------------------------|
| 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.

4. Practice mergers/ Approved mergers

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

5. Closed list Applications

One new formal list closure application has been received and will be taken through due process

The CCG continues to communicate with a further Practice regarding a potential list closure application. Support is in place to understand estate constraints and opportunities to support the Practice on key areas impacting on list size.

6. Approved List Closures

No new applications currently approved.

7. Partnership Change Requests

No new applications have been received.

8. Branch Surgery Closures

The Primary Care Contracts team expects an application from a practice in Spring/Summer 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 since 1 April 2022.

| | N/Somerset | Bristol | S Glos | Totals |
|--------------|------------|---------|--------|--------|
| Applications | 0 | 1 | 1 | 2 |
| Practices | 0 | 1 | 1 | 2 |

11. Applications to Change Practice Boundaries

1 enquiry for extending a Practice boundary has been received; the Provider has been sent the formal application and guidance for this to be considered.

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 10th 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.

14. Enhanced Access from 1 October 2022

An Enhanced Access steering group has been established to oversee the preparatory phase ahead of the delivery of the revised national access specification from 1 October 2022. The group comprises representation across practices, the CCG, the LMC and One Care. Plans are due to be submitted by PCNs by 31 July for sign off by the end of August 2022. The group are working through the technical aspects of delivery including models of delivery, approaches to patient engagement and wider system support into the CAS.

15. Primary Care Support to Interim Accommodation Centres

BNSSG is currently supporting Asylum seekers and Refugees across five hotel sites. 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 are

registered with 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.

16. 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 May 2022

The average number of minutes delivered across BNSSG in February was 71.9/1000 per week. This in excess of the 45 minute standard but reflective of the additional IA capacity in place to support the Covid and flu 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. Work has commenced in terms of delivery planning; the CCG contracting and development teams are working with PCNs, One Care and the LMC.

17. Practice Resilience

Section 96 Applications

There have been no new applications.

18. General Practice Resilience Programme

18.1 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.

19. Primary Care Premises Update

This section of the Primary Care Contracts and Performance paper is updated quarterly. The below update, issued in June, covers Q1 2022/23.

19.1 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.



**Bristol, North Somerset
and South Gloucestershire**
Clinical Commissioning Group

19.2 Capital Projects - Estates and Technology Transformation Fund (ETTF) and STP Capital Development Projects
Schedule of BNSSG Capital Projects Supported by NHS Grant Funding

| Programme | Project | Funding Source | OBC / Concept Approval | FBC / Project Approval | Building Works Completion |
|-----------------------|-------------------|----------------|------------------------|------------------------|---------------------------|
| Little Stokes PCN | Bradley Stoke | ETTF & GPs | May 2019 | Dec 2019 | April 2020 |
| | Coniston | ETTF & GPs | May 2019 | Mar 2020 | Jul 2020 |
| Pioneer Medical Group | Lawrence Weston | ETTF | Jan 2020 | Jul 2020 | Jul 2021 |
| | Avonmouth | ETTF & GPs | Sep 2018 | Jan 2020 | Dec 2020 |
| | Bradgate | ETTF & GPs | Sep 2018 | Jul 2020 | September 2021 |
| Glos Road Corridor | Glos Road MC | ETTF | Nov 2019 | Aug 2020 | October 2021 |
| | Monks Park | ETTF & GPs | Nov 2019 | Oct 2020 | September 2021 |
| | Falldon Way | ETTF & GPs | Nov 2019 | TBC | TBC |
| | Conygre | ETTF & GPs | Nov 2019 | November 2021 | Sept2022 |
| Tyntesfield PCN | Tower House | ETTF & GPs | May 2019 | November 2021 | May 2022 |
| | Admin Hub | ETTF & GPs | May 2019 | N/A | N/A |
| Healthy Weston | Parklands Village | ETTF & S106 | Dec 2018 | Dec 2020 | October 2022 |
| | Central Weston | STP Wave 4 | Jul 2020 | July 2022 | December 2023 |



Black Dates = Achieved previously

Green Dates = Achieved during reporting period

Grey Dates = Planned in future

19.3 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, 20 schemes have been approved to complete MIGs works and all works have now been completed ahead of the 31st March deadline.

The 20 schemes completed covered a wide range of works from supporting compliance of the Disability Discrimination Act by installing ramps and widening doorways, to increasing clinical capacity and introducing PCN Admin hubs in some practice sites. As a result of increasing these work spaces, 18 new clinical rooms and 9 new admin desks were created across 10 practices. A full list of completed schemes can be seen below.

| Practice | Area/Locality | brief scheme details |
|--|-----------------|--|
| Birchwood (L81120) | South Bristol | convert vacant community space into 2 clinical rooms |
| Clevedon Medical Centre (L81040) - doors | NS - Woodspring | to replace or remedy all the fire doors and fire walls in the building which no longer comply with fire regulations |
| Concord Medical Centre (L81019) | South Glos | improvements following fire safety report PCD compliant |
| Helios Medical Centre (L81622) | Bristol N&W | installation of a nurses room including sluice |
| Mendip Vale Medical Practice Yatton Surgery (L81086) | NS - Woodspring | Following the practice's unsuccessful work to develop an approved business case for a new building at Smallways to replace the service provided at Yatton and Congresbury, the practice has developed plans to improve the functionality, utilisation and effectiveness of the existing space at their Yatton site and secure the provision of services in the village. Works include: conversion of admin space into clinical space, DDA complaint updates to doors and reception desks, widening of |



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| | | doorways in line with Equality act and updates to fire alarms system due to new clinical rooms. |
| Pembroke Road Surgery (L81081) | Bristol N&W | DDA compliant reception desk reconfiguration of back reception desk space for Covid safe environment to improve fire safety through better access and patient flow through reception and the ground floor area generally. Reconfiguration of the patient waiting room due to DDA and infection control requirements |
| The Cedars Surgery (L81643) | NS - Weston Worle and Villages | propose to change four consultation rooms with carpet to vinyl floor |
| Tyntesfield Long Ashton (L81034) | NS Woodspring | replacement of single glazed windows to double glazed. |
| Tyntesfield Long Ashton 25(L81034) | NS - Woodspring | replacement doors in line with DDA compliance. |
| West Walk Surgery (L81047) | South Glos | convert 2 large treatment rooms into 4. |
| Winscombe and Banwell Family Practice (L81021) | NS - Weston Worle and Villages | installation of DDA compliant automatic doors |
| Severnview Family Practice | South Glos | Improvements to Medical Record Room |
| Broadmead Medical Centre (Y02578) | Bristol ICE | To remove the stud wall between 2 existing rooms to create one workable consulting space |
| Mendip Vale Medical Practice St George Surgery (L81086) | NS - Woodspring | converting an existing storage space into an additional clinical room |

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|---|--------------------------------|---|
| Mendip Vale Medical Practice Sunnyside Surgery (L81086) | NS Woodspring | converting an existing admin room into an additional clinical room. |
| Old School Surgery (L81075) | Bristol ICE | Change of use of three rooms from Administrative rooms to consulting rooms. |
| St Mary Street Surgery (L81103) | South Glos | <ul style="list-style-type: none"> • Installation of double glazed windows (to replace single glazed windows) throughout. • Replacement of sinks in line with infection control requirements (in x5 consulting rooms) • Replacement flooring in line with infection control requirements (replacement of carpet in x5 consulting rooms with easy clean flooring) • Redecoration of clinical space following sink replacements |
| Horfield Health Centre (L81022) | Bristol N&W | divide the current Treatment (Room 5) into two Treatment Rooms |
| 168 Medical | NS - Weston Worle and Villages | Conversion of shower/changing area into office space for both admin and non face to face clinical use |
| Sea Mills Surgery (L81077) | Bristol N&W | for improvement to clinical consulting areas to CQC standard, to provide zoned consulting rooms with individual entrance and egress for patient safety and PCN resilience. Maximise use of existing internal space for safety of staff and patients social distancing |

19.4 Rent Reviews

At the outset of the Covid-19 pandemic the District Valuer paused conducting rent reviews. The reviews restarted as Desk Top and as of 1 September 2021 on site reviews have recommenced. The CCG is monitoring upcoming, in progress and overdue reviews and working with the District Valuer to return practices to their usual rent review cycles by September 2022.

19.5 Requests for Additional GMS Reimbursable Premises/Space

The CCG has received several space enquiries in the first quarter of the year from providers working in premises shared by multiple healthcare providers, including Primary Care. The additional space and IM&T request form has been updated to reflect the movement toward premises utilisation by BNSSG Healthier Together organisations as a system, rather than on a case-by-case individual basis. It is proposed that the revised request form be used by all providers and feed into the Healthier Together Estate Strategy group which has membership from each provider, evolving from previously approving requests through the Primary Care Estate and IM&T sub-group. The revised request form has been sent to all parties who made enquiries.

20. Financial resource implications

There are no specific financial resource implications highlighted within this paper. Any significant new financial commitments or requests, or contractual change requests, will be considered via separate papers and will include any relevant financial implications.

21. 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.

22. 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.

23. 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.

24. 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.

25. 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.

26. 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

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 |