

# Meeting of Primary Care Commissioning Committee

**Date:** Tuesday 28 September  
**Time:** 09:30 – 11:45  
**Location:** Virtual – Microsoft Teams

<b>Agenda Number :</b>	11	
<b>Title:</b>	Primary Care Contracts and Performance, Quality and Resilience 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
<b>Sponsoring Director / Clinical Lead / Lay Member:</b>	Lisa Manson, Director of Commissioning

## Agenda item: 11

# Report title: Primary Care Contracts, Performance, Quality and Resilience Report – September 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.

An application to amend the partnership remains pending as at 21 September. The CCG have requested that the contractor provide further assurance prior to a formal review of the partnership change request.

### 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. A further update will be provided in the next report.

#### 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**

No new applications

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

No new applications

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

See section above re Helios Medical Centre

In addition we have been sent a request to amend the partnership of Coniston Medical Practice. This will be processed with an effective date of 01 October 2021.

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

The team are expecting two branch closure applications in due course. Once received, these will be taken through due process.

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

Only two temporary branch closures now remain in place. Both are pending branch closure applications and are being supported accordingly.

As pressure has escalated across Primary Care during the summer, we have continued to check with practices the status of all branch surgeries and will report any temporary closures back to the committee.

#### **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 2021.

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

NHS England launched the phase 3 Mass vaccination DES on 14 July 2021. This will allow PCNs to continue to deliver those eligible in phase 1 and 2 as well as a booster programme from 6 September 2021. All PCNs were requested to opt in with a deadline of close of play Wednesday 28 July 2021.

All PCNs have opted in, however one PCN has changed its grouping and one practice is not part of the enhanced service. Therefore the Mass Vaccination Programme will support appropriate access for the patients of this surgery.

### Weight Management / Long Covid Direct Enhanced Service

NHS England have released two new direct enhanced services for 21/22. These were offered to all practices on 28 June with a deadline for sign up on 23 July 2021. Although the sign up deadline is after, practices were able to start delivery from 1 July 2021.

Sign up rate for Weight Management DES is at 76 practices as of 13 September 2021. One practice has yet to confirm and has been contacted.

Sign up rate for Long Covid DES is at 75 practices as of 15 August 2021. One practice has yet to confirm and has been contacted.

#### 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

We acknowledged that there is currently no tier 2 service in place in the Bristol Local Authority region. We have liaised with colleagues from the council who confirm that a pilot service is due to commence at the earliest from September 2021. Primary Care Contracting will be working with the Transformation team and Public Health colleagues to ensure appropriate considerations are given to the inequality of service provision present in the Bristol Local Authority Area.

### **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.

The process for the self-assessment will be communicated at a later date. It will take the form of a declaration confirming that the following is 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

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

Bristol is currently supporting Asylum seekers and Refugees across three hotel sites. Two sites are specifically supporting families evacuated from Afghanistan in recent weeks. We are working with the Haven who are an established service in the local area, to support residents alongside ensuring they receive support from a local GP practice. To facilitate this an enhanced service is being developed across the Haven and the surgeries to ensure a clear offer is made available to the residents.

## **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.

All PCNs have been offered the chance to express an interest in supporting the management of flu antiviral medication. We are working through the responses and will confirm the final model in future reports to the committee.

### **Improved Access Performance August 2021**

The average number of minutes delivered across BNSSG in August was 67 / 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. This is lower than the previous month, but expected in line with staff taking annual leave across the period.

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.

The national specification for IA is expected has been delayed and is indicated to be published in the autumn. At the point of publication work will commence on supporting practices and PCN to transition towards the new specification ahead of the start date of 1 April 2022.

Data has shown that practices continue to use IA for a blend of activity for which Mass Vaccinations make up an average of 27% across April – August 2021. Practices continue to use the remaining capacity to deliver other routine capacity including a wound care service delivered by Sirona in South Bristol.

## **16. Practice Resilience**

### **Section 96 Applications**

The Primary Care Contract team has received 1 new Section 96 Application during this period. This will be taken through due process. A further application 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 of Streamside 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.

A final revised application is required from the practice before a second panel can be convened. The Primary Care Contracting team is in correspondence with the practice.

### **Extension of pod initiative**

In September 2020 the BNSSG CCG Estates and IM&T sub-group approved principles for Covid pods (portakabins), following the establishment of a self-funded pod in a South Bristol practice which generated interest from other primary care providers. The purpose of the pods was to



support practices at PCN level in consulting Covid-19 positive patients in a separate hot/red area, thereby reducing the risk of cross-infection and reducing risk to the population and practice workforce. Pods were to be rented for a fixed term and would not form part of practice/PCN substantive estate.

Ten PCNs submitted proposals and a total of 12 pods were approved for 8 PCNs. Subsequently, 9 pods were installed in 6 PCNs. Costs of £112,650 were approved against an identified budget of £144,000. A range of proposed durations for rental were received and for equity all rentals were capped at 35 weeks. This would take rentals up to Summer 2021 when it was expected the vaccination programme would be complete and numbers of Covid-19 positive patients anticipated to reduce.

In July 2021 a PCN approached the CCG requesting extended use of their pod due to the impact on estate capacity from the continuation of the Covid-19 vaccination programme (phase 3) and sustained high demand for primary care services, a position that was mirrored in practices across BNSSG. A survey issued as part of a review of the pod initiative offered PCNs the opportunity to register expressions of interest for extended duration of their pod(s), or to take up the rental offer if the PCN had not done so when the initiative launched.

Seven PCNs, all of whom had existing pod rentals, registered expressions of interest which were reviewed at September 2021 Estates and IM&T sub-group. The sub group has agreed that pod rentals can be extended until 31<sup>st</sup> March 2022. There will be no additional IM&T support costs for the extended rental. The Primary Care Contracting team will liaise with PCNs to determine the final rental costs for this period. Indicative costs are £30K-£40K and will also encompass the lapsed period between previously agreed rental end dates to current, enabling provision to continue for all PCNs until 31<sup>st</sup> March 2022.

## **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

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.

## **17 Financial resource implications**

No specific issues have been raised within this paper.

## **18 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.

## **19 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.

## **20 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.

A multi-agency input is being provided to the residents of the interim accommodation hotels. This includes specific considerations on access to health care for asylum seekers and refugees.

Further work is being progressed on the impact of the lack of tier 2 weight services for Bristol patients and an update will be presented in future papers.

## **21 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.

As part of the support to residents in the interim accommodation centres consideration is being given to ensuring that residents are supported to navigate and access healthcare appropriately. This includes supporting the translation of documents, provision of face to face interpretation and supporting people to access services that are culturally sensitive. Further support will be given to residents on education that cuts across a number of themes such as the benefits of COVID vaccination and prevention.

## 22 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.

## 23 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

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