

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 29th September 2020

Time: 9.00am – 11.00am

Location: Meeting to be held virtually, please email bnssg.corporate@nhs.net if you would like to attend.

Agenda Number :	14
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.
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 Steph Maidment, Senior Contract Managers, Adele Laing Contract and Project Support Officer, Primary Care
Sponsoring Director / Clinical Lead / Lay Member:	Lisa Manson, Director of Commissioning

Agenda item: 14

**Report title: Contracts and Performance Report –
 September 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

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. The Single Handed Partner Assurance framework has been shared with the practice for completion and was returned at the end of June 2020. The primary care contracts, development team and Quality team will review the template and provide any highlighted support the practice.

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. In addition 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 and that episodes of care can be completed in the pharmacy and referrals to GP practices or out of hours providers are avoided.

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

No new applications have been received.

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	3	4
Practices	0	1	3	4

Practices are reminded that 4 weeks' notice is required for any proposed temporary closure.

9. Applications to Change Practice Boundaries

No new applications have been received.

10. Branch Surgery Closures

An application has been received from Stafford Medical Group and is being progressed via separate papers.

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 DES

All Primary Care Networks have confirmed their re-participation in the network DES for 20/21. It is expected that re-confirmation will be automatic from next year onwards.

Care Home Mapping

We are reporting 100% coverage of care homes at PCN level to NHS England. In order to achieve this we had to 'allocate' one care home to a PCN. The home was allocated considering geography and the fact that all residents were currently registered as patients within that PCN. On balance it was determined it would be unfair to ask those residents to re-register with a practice in an alternative PCN.

13. Primary Care Performance Management Monitoring / Primary Care Recovery

Improved Access delivery was suspended on 19 March 2020 and across quarter 1 20/21. Practices were assured that income across this period would be protected with practices asked to take a pragmatic approach to delivery of access across this period. This extended to cover June and July and practices were asked to resume delivery from August 2020. In light of COVID practices were given further flexibility to adapt their access model to fit new models of working. This included a move away from a strict requirement on face to face delivery in favour of a mix of online, telephone models. We asked all practices to make a face to face offer using IA funding and allowed longer appointment times to facilitate donning and doffing of PPE. This was to be used as an opportunity to bring in the most vulnerable in the safest way possible. We requested that practices used this funding to specifically target and address access barriers that may now be more prevalent due to covid and the move away from traditional face to face appointments. This includes some practices who are planning specific resource targeted at mental health support.

As noted in previous reports, practices have been paid for quarter 1 LES delivery based on average activity from the same period in 19/20. Lisa Manson issued a letter to practices in August 2020 to set out the quarter 2 approach to funding of Local Enhanced Services and Direct Enhanced Services. It was agreed by Primary Care Commissioning Committee that Anticoagulation advanced / basic and specialist medicines monitoring would revert back to activity based payments. All other LESs and DES will be paid based on average of activity across Quarter 1-3 in 19/20. This will ensure that the most appropriate activity is prioritised and income is assured for practices at the capped level. Care LES will continue to be paid against all mapped homes until 30 September 2020. The proposals for funding across Quarter 3 and 4 are being considered by the committee separately.

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 are no specific risks highlighted in this paper this month. Any risks associated with contractual changes will be highlighted via separate papers.

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, Stephanie Maidment, Senior Contracts Managers – Primary Care and Adele Laing, Contract and Project Support Officer

Report Sponsor: Lisa Manson, Director of Commissioning

Appendices

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