

Primary Care Commissioning Committee

Date: 31st July 2018

Time: 9.00-11.10am

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

Agenda item: 7

Report title: Bishopston/Charlotte Keel/Northville APMS contract options

Report Author: Jenny Collins, Contract Manager, NHS England
David Moss, Head of Primary Care Contracts

Report Sponsor: Lisa Manson, Director of Commissioning

1. Purpose

To set out a strategic plan for the future commissioning and contracting of Primary Medical Services contracts for Bishopston, Charlotte Keel and Northville

2. Recommendations

- Recognise current status and risks within each contract
- Extend all three APMS contracts until 1st Oct 2018

3. Background

Three APMS contracts in the BNSSG area are due to expire one at the end of January 2019 and two at the end of March 2019. These contracts provide primary medical services to over 32,000 patients. The current contracts are:

- Northville Surgery
- Charlotte Keel Medical Practice
- Bishopston Medical Practice

The contracts were procured temporarily as APMS contracts following hand back by the GP partnerships between 2016 and 2017.

This report sets out the next steps for considering the longer term options for the services provided at these locations from April 2019. Further work, particularly regarding patient engagement, is required before the procurement is initiated fully.

3.1 BNSSG Contract Forms

In BNSSG the majority of contracts are PMS (Personal Medical Services), there are a handful of GMS (General Medical Services) contracts and APMS (Alternative Provider of Medical Services) contracts.

APMS contracts are procured for any GP services which need to be set up/replaced – this is because it allows for the widest range of interest/bidders (GMS/PMS would be largely restricted to GPs). In addition to this, the other main difference between GMS/PMS and APMS is that the contracts are time limited. This means that APMS contracts cannot merge with GMS/PMS providers which can limit the ability for at scale working, although there are flexibilities that can enable that to happen through the sub-contracting route/closer collaboration whilst retaining the contracts in their required form.

Under the SFI (standing financial instructions) commissioners can offer a contract under procurement for four years or less. Any contracts over this length, a business case would need to be submitted to the NHS England Commercial Executive Group (CEG) for decision.

The South West Commissioning Support Unit (CSU) provides procurement advice and support, managing the publication of adverts/expressions of interest/evaluation etc.

In addition to the services being procured for the core contract (including directed enhanced services), there will be other services that the practices will be commissioned to provide (CCG local enhanced services – anticoagulation, improved access etc; LA enhanced services – drugs misuse/contraceptive device fitting).

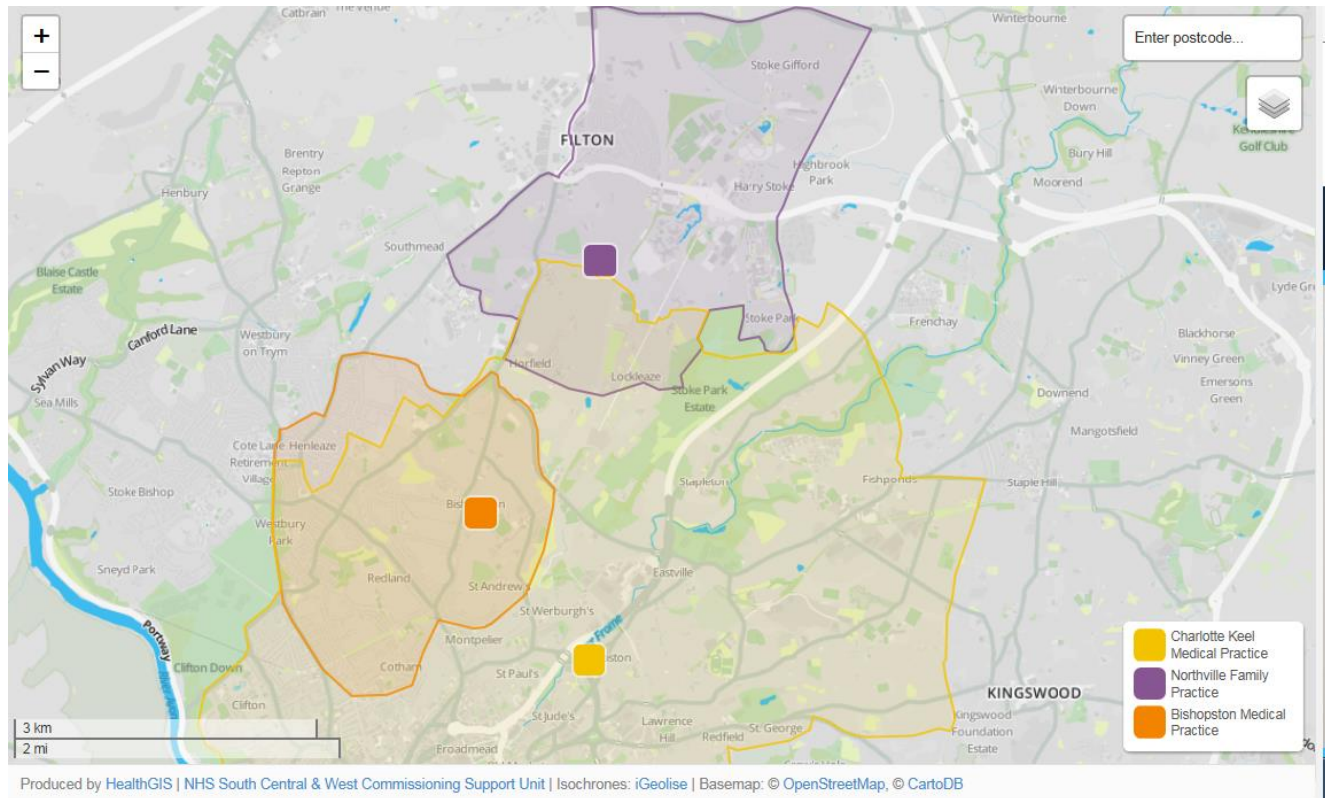
3.2 Practices

The following information has been provided at summary level with more detailed information presented for each individual practice.

The current provider for each of the contracts is Brisdoc. They currently employ the GPs providing the services at each location and they have a clinical lead and practice manager/operations lead operating at each site. They have recently appointed a head of primary care to lead across all of their primary care provision.

3.3 Locations

The following map shows the locations of the existing practices and their practice areas/boundaries. Charlotte Keel's practice area overlaps almost the entirety of the Bishopston boundary and touches the edge of the Northville boundary.

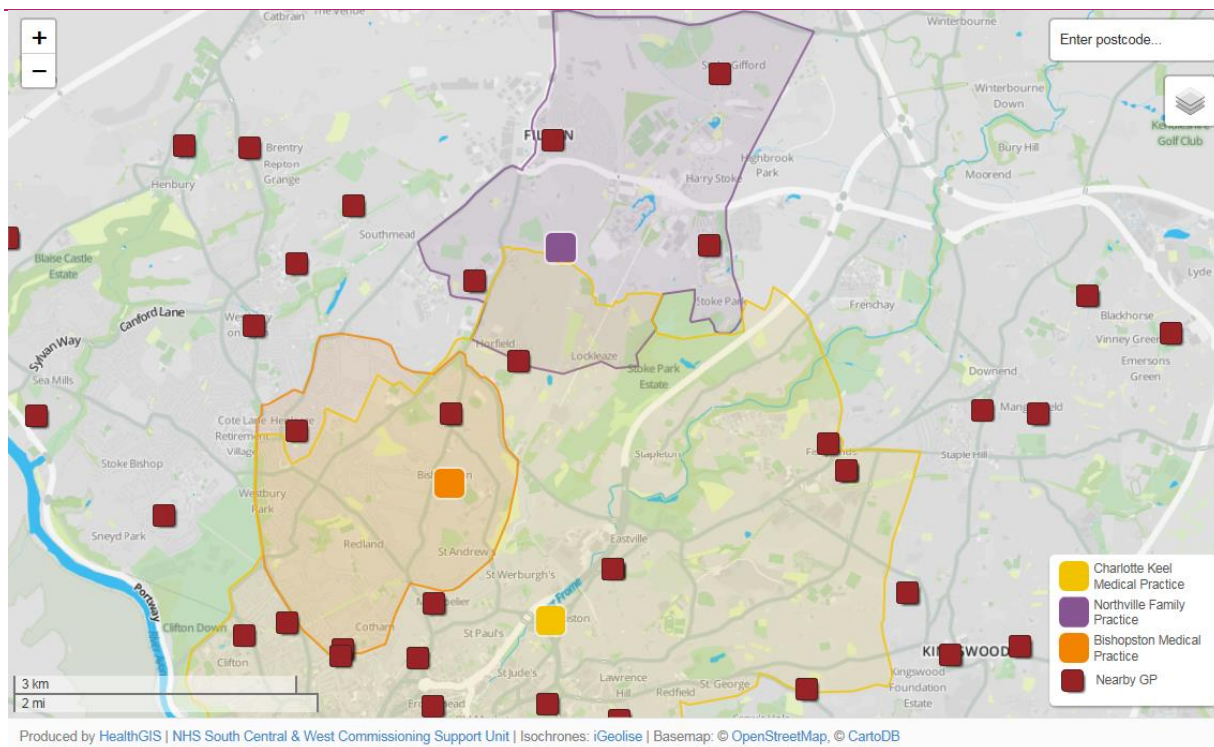


The following map shows the practice locations and the other practices around each location. The other practices within each of the practice areas are as follows (branch sites have been excluded):

Northville: Stoke Gifford Medical Centre, Old School at UWE, Monks Park Surgery, Horfield Health Centre

Bishopston: Falloden Way Medical Centre, Gloucester Road Medical Centre, The Family Practice (Cotham)

Charlotte Keel: In addition to the practices listed within Bishopston's boundary (above), Old School Surgery, Beechwood Medical Practice, Eastville Medical Practice, Montpelier Health Centre, Homeless Health Centre, Pembroke Road Surgery, Whiteladies Medical Group, Student Health Centre, Broadmead Medical Centre, Lawrence Hill Health Centre, Wellspring Surgery, Air Balloon Surgery.



3.4 List Sizes

Practice Code	Practice Name	List Size (end March 2018)	Contract expiry date and option to extend
L81028	Northville Surgery	5,435	15 January 2019
L81015	Charlotte Keel Medical Practice	17,088	31 March 2019 (+ 1 year)
L81112	Bishopston Medical Practice	9,988	31 March 2019 (+ 1 year)

Northville Surgery

The practice has a relatively small list size, it is located on the boundary of Bristol/South Gloucestershire localities. The contract was not felt to be sustainable by the original partners and was handed back following a failed merger attempt with Horfield Health Centre (Bristol locality). The premises are leased from the previous GP partners and are located on the edge of an area of rapidly expanding population.

The largest age group (20%) of the registered patients are in the 25-34yr age group. 63% of the patients live within a 0-10 minute walk/public transport from the practice. 90% of people living in Filton have English as their first language. 9% of registered patients live outside of the practice boundary.

Charlotte Keel Medical Practice

Formed out of Seymour Medical Practice and Easton Family Practice during 2015. The contract was handed back in September 2017. The premises are a health centre leased from NHS Property Services situated in the Lawrence Hill ward. The Health Centre is relatively new and provides a number of accessibility features including wide corridors, flat access, ramps, lifts, clear signage and accessible lavatories. It is therefore important to retain a GP service in this location. 3% of the registered patients live outside of the practice boundary.

The largest age group (48.08%) is the 15-44yrs group, also a larger percentage of women of child bearing age and infants than the national average. The practice population (from an age perspective) is otherwise broadly comparable to the CCG average, however this area of Bristol is diverse – considerably more than half of the population are BAME (57.31%). There can be historic unmet healthcare needs of patients who have arrived from other countries and higher use of language and interpretation services.

There are several services co-located at the practice: pharmacy, Community Healthcare Team (including Community Nurses, Community Matrons and Healthcare Assistants), plus midwives, health visitors and the Welfare Benefits Advisors from the Citizens Advice Bureau. There is also a local organisation called The Carer's Support Centre who run a monthly carer surgery

Bishopston Medical Practice

Formed out of the merger of Nevil Road Surgery and Spence Group Practice in April 2013. Contract handed back August 2017. The premises for this practice are not straightforward – currently running from portacabins on the Nevil Road site which are in place until autumn 2021. The longer term solutions regarding premises are challenging and will require extensive input from the CCG. 10% registered patients live outside of the practice boundary.

The largest age group (46.15%) is the 15-44yrs age group. The practice has a lower number of elderly and very elderly patients than the CCG average, there are also a lower percentage of BAME (8.63%). Average life expectancy is better than the average for Bristol.

Detailed public health information on each of the relevant wards was extracted from the Public Health teams in the Councils.

4. Strategic Options/Decisions associated to future procurement

4.1 Contract length

A consensus of optimal contract length needs to be agreed. There is a fine balance between continuity of patient care (longer term) versus having the flexibility to re-commission where/if there is change within the system. NB a business case required for commissioning anything longer than

4 years. Other APMS contracts have been commissioned for 15 years (plus 5, plus 5) – this provides some benefits in terms of continuity for patients but also in terms of managing the business risk and costs.

4.2 Number of contracts/sites

Determining what should be procured in terms of the number of contracts and sites raises a range of queries – currently there are three contracts and three sites.

Given the proximity of the contracts, arguably reducing the number of contracts may provide more efficiencies in terms of management/administration and support longer term sustainability/viability. Equally managing multiple sites within one contract presents different issues/challenges and the specification would need to be clear what is expected at each location and the associated impact on patients.

The sites element will also need to have careful consideration in line with the CCGs Estates Strategy, the planned housing developments near to Northville and the existing premises constraints (explicitly the longevity of the Bishopston site).

If wishing to procure more than one contract, the CCG could consider letting the procurement in lots rather than as individual procurements. As the timelines are consistent, this would appear to be appropriate, however when advertising for bidders it will need to be clear whether these are being offered as individual services/contracts.

4.3 Locality impact

Separately to the above decision regarding how to approach the procurement, Northville Surgery rests in the South Gloucestershire locality – should the decision be that this site will be part of one of the other contracts, the main contract would be within the Bristol locality. There may be wider impacts of this in terms of attached staff/referral routes etc.

5. Patient Public Engagement

In order to engage with patients regarding the future of the services at each of the three practices above, the CCG has various deliberations to make. An Equality Health Impact Analysis Screening Tool has been completed for review (Appendix A). Procurement advice is currently being sought on any impact any decisions may have/what consideration need to be given.

6. Financial resource implications

Current APMS funding arrangements exceeds that of core GMS/PMS and any future procurement will need to support a transition to a sustainable financial model equitable to other BNSSG providers.

7. Legal implications

Charlotte Keel and Bishopston Medical Practice have contract terms which allow the contract to be extended by any period of up to 1 year.

Northville Medical Practice contract can only be extended as a single tender waiver recognising a 6 month extension would be under any Official Journal European Union (OJEU) procurement thresholds. This would be open to challenge, however the risk of challenge is considered to be minimal recognising the plan to have formally procured in the first 6 months of 2019.

8. Risk implications

There are many risks which are referenced in this paper and need to be considered in the context of a future procurement, hence the proposal to align three contracts for a batch procurement, creating a lead time that allows for full due diligence, risk assessment and mitigation.

9. Implications for health inequalities

Not applicable

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

Not applicable

11. Appendices