

Primary Care Commissioning Committee (PCCC)

Date: Tuesday 27th November

Time: 9.00-10.50am

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

Agenda item: 11

Report title: PCCC Q2 2018/19 overview

Report Author: David Moss, Head of Primary Care Contracts
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Report Sponsor: Lisa Manson, Director of Commissioning

1. Purpose

This report provides an overview of PCCC actions across quarter 2 2018/19

2. Recommendations

To note the actions taken

3. Financial Resource Implications

There are no specific financial resource implications highlighted within this paper.

4. Legal Implications

There are no specific legal implications highlighted within this paper.

5. Risk Implications

Risks are recognised, held and mitigated by PCCC

6. Implications for Health Inequalities

None to note

7. Recommendations for Equalities (Black and Other Minority Ethnic / Disability / Age issues)

None to note

8. Implications for Public Involvement

This paper does not propose any change requiring any patient public engagement, but does reflect actions taken that did include proportionate patient involvement.

Agenda item: 11

Report title: Primary Care Commissioning Committee (PCCC) quarterly Governing Body report Q2

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 update therefore provides a summary of the activities and decisions further to the update presented to Governing Body in August.

2. Delegated Transition Plan

From 1 April 2018, NHS Bristol, North Somerset and South Gloucestershire CCG took further control of the planning, strategic direction, priority setting and decision making around primary care services on behalf of patients. This means that the CCG has taken over the budget and will now agree all general medical services contracts with local GP Practices.

Whilst budgetary and financial responsibility has been with the CCG since 1st April 2018, the CCG has been working through a transition plan to take on the delegated functions. These are now fully transitioned and from 1st November the CCG is the first point of contact for practices on all delegated matters. The CCG has issued a 'GP Practice Guide to Delegated Commissioning of Primary Care Services' to support practices through delegation. The communication includes a Frequently Asked Questions (FAQ) which answers details of claims, payment dates, a 'who is who' at the CCG and what functions are retained by NHS England.

3. Local Enhanced Services (LES) Review

The Primary Care Commissioning Committee has continued to monitor the progress of the LES review. The main focus of the review since August has been to develop specifications for the proposed enhanced services for April 2019. Draft specifications have now been developed for Specialist Medicines Monitoring (formerly known as Near Patient Testing), Supplementary Services, Anticoagulation, Type 2 Diabetes Insulin Starts, GP Practice Care Home Support and Recognition and Management of people with Dementia. The aim of these specifications has been to develop a consistent offer for people across BNSSG. In addition the Committee has received the specification for the primary care element of the DVT pathway which will form part of the suite of local enhanced services available from April 2019.

The Committee has discussed the draft specifications as these have been developed and provided guidance on next steps. As each set of specifications have been drafted they have been shared with the membership and the Committee has been apprised in the monthly progress reports of the feedback received and discussed how these can be addressed. In addition, in September the Primary Care Commissioning Committee received a report on locality development including the proposed approach to developing phase 3 of the Locality Transformation Scheme.

It has been agreed at the Committee that final decisions on specifications and proposed tariffs should be made at the same time so that the full package can be considered along with an assessment of the financial implications both to the CCG and to practices. This is scheduled to take place at the January meeting of the Primary Care Commissioning Committee.

4. Procurement

a. Locality Health Centre, Weston Super Mare

The CCG ran a premarket engagement and full procurement process between June and August 2018. A moderation panel met on Monday 13th August 2018 to assess the bids for

Provision of Primary General Medical Services at The Locality Health Centre as a Second Site Surgery, on behalf of BNSSG Clinical Commissioning Group.

The group recommended to PCCC a preferred bidder status be awarded to a provider for a service commencement date of 1st November 2018.

An extra-ordinary PCCC meeting was stood up on 28th August 2018 to receive and consider this recommendation. The recommendation to support preferred bidder status was approved.

Following a period of joint working the preferred bidder withdrew from the process on 28th September leaving the CCG without a provider.

The CCG engaged providers on an agreed framework to explore if there were interested providers who would consider a direct award. There were not any providers.

On Friday 12th October 2018 an APMS 1 year (with an option for plus 1) direct award was made to Pier Health Group to provide primary medical services from Locality Health Centre. Pier Health Group is a new organisation set up and led by three local GPs in Weston. The contractual service specification is identical to that advertised to the market through the procurement process. The contract started on 1st November 2018.

b. Bishopston / Charlotte Keel / Northville APMS Contracts

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.

PCCC in July 2018 agreed to extend the contracts to allow for a period of pre-market engagement and a procurement starting in early 2019.

5. Estates

a. Thornbury Heath Centre Outline Business Case

PCCC was updated on the progress made regarding plans for an enhanced Primary and Community Care hub in Thornbury, which forms a key strand of the South Gloucestershire 3Rs programme (Rehabilitation, Reablement and Recovery).

PCCC approved the preferred option identified in the Outline Business Case (OBC) to develop a new health centre which will bring together the three local Thornbury GP practices alongside pharmacy, OPD (outpatient department), mental health and community services, to create an enhanced Primary and Community Care Hub. PCCC signed off the move to a full business case (FBC) which will explore the preferred site options alongside procurement options.

6. Improved Access and Alliance contracting

BNSSG CCG inherited a legacy contract with One Care from NHS England to provide Improved Access services until 31st March 2019.

From 1st April 2019, PCCC closed session agreed to commission localities to provide Improved Access via an alliance contract which binds all parties together to deliver the contracted services, to share risk and hold responsibility for meeting the agreed outcomes.

The details of any alliance contract need to be considered and agreed with practices and their representative provider boards. The paper set out how the CCG intends to consult with stakeholders being asked to deliver the service specification for Improved Access.

The CCG is in the process of consulting on the alliance contract model with Providers, locality boards, LMC and the wider membership.

7. GP Forward View

The Committee received an overview of GPFV progress in September which highlighted key progress in the development of CCG plans to mobilise improved access at locality level, develop a number of workforce related initiatives aimed at improving recruitment and retention such as the local GP retention programme, international recruitment programme and 10 Point Plan for General Practice Nursing and progress in plans to improve workload in primary care. On September 20th the CCG hosted a launch event for the national Time for Care programme which was well attended by practices across BNSSG. The primary care development team is now working with the NHS England Time for Care team to develop proposals for support packages to practices that have expressed an interest in the Time for Care offers. This includes submitting proposals for further cohorts of practices to participate in the rapid productive general practice programme which is a programme focused on supporting practices to implement the 10 High Impact Actions aimed at improving practice resilience and sustainability as part of the GP Forward View.

In addition the Committee received an update on Primary Care E Consultations and the NHS App in September, the development of the new General Practice Resilience and Transformation STP

work stream in October and a presentation on the Intensive Support Site programme in Weston and Worle in November.

a. Primary Care E Consultations and the NHS App

In September the Primary Care Commissioning Committee received a paper on the progress to date with regards to:

- 1) BNSSG Primary Care implementation of e-Consultation and the selection of suitable partners to support us understand, evaluate and develop together the specification for a future procurement of a BNSSG wide e-Consultations solution.
- 2) Trailing the new National NHS APP in two practices.

The e-Consultations project has been agreed as part of the Urgent Care Strategy, previously agreed with the governing body and will inform, the full procurement commencing in Spring 2019 to meet the NHS England General Practice Forward View national target for 95% of GP patients to be offered e-Consultation by March 2020. The Committee heard that the e-Consultations pilot contract has been awarded to two vendors for a 12-month contract with the option to extend for 6 months to work with five practices.

In April 2019, we will set up a number of workshops across our localities to share findings from the evaluation and work with practices, patients and wider system to co-produce the BNSSG e-consultation specification for the future procurement in Spring 2019, that will procure a product for Primary Care.

b. General Practice Transformation and Resilience

In October the Committee received and was asked to comment on the development of the mandate for the General Practice Resilience and Transformation (GPRT) programme. General Practice Resilience and Transformation is one of the 10 key work streams within Healthier Together - the local name for our Sustainability and Transformation Plan (STP) - and reports through to the Integrated Care Steering Group within Healthier Together. This is in recognition of the importance of primary care to the functioning of our wider system.

The objectives of the GPRT programme are:

- Create and deliver a programme to support general practice resilience and enable general practice to be the foundation of integrated community care
- Monitor the delivery of projects, making sure they are aligned to the vision and identifying gaps
- Define what we mean by 'general practice resilience', then use an agreed methodology to measure the impact of the programme
- Work in partnership with practices and the public to design new ways of working and develop a vision for general practice in 5 years' time

- Facilitate a more consistent and planned approach to future general practice transformation

The Committee discussed the programme and its objectives and it was agreed that a seminar with the Committee in the New Year to shape the programme further would be helpful. The Committee will receive regular reports on the work of the programme.

c. Intensive Support Site Weston and Worle

In November the Committee had a presentation on the work of the Intensive Support Site (ISS) in Weston and Worle. In June 2018 a £10 million national fund was created to support regions in their recruitment and retention of GPs, concentrating on areas of greatest need. Seven ISS sites were created, one for each region, with £400k allocated to generate activities to improve the situation between September 2018 to March 2019. The Weston and Worle bid was successful for the following reasons:

- Greater number of GPs and Nurses nearing retirement age
- High number of patients to GPs
- Long term recruitment and retention problems
- Practices are in a position to actively work together and thereby 'hit the ground running'.

The objectives of the ISS are to:

- Reduce the workload of practice staff, and GPs in particular, by introducing more effective workflow management
- Lay the foundations for continuing collaboration and convergence between practices as a Locality enabling improved patient care and enhanced sustainability and resilience
- Provide a consistent and improved robust technology base to all Locality practices

The programme has been designed following an initial diagnostic to understand the issues within the practices in the locality. This confirmed that the major concern for clinical staff was the high levels of workload. The project has been divided into three elements:

- People
- Process
- Technology

The programme is primarily focussed on reducing workload by process and technology improvements. A significant coaching and mentoring component is also in place to support practice teams through the change process. All practices within the Weston and Worle Locality have committed to the programme. The project seeks to create a movement in 'hearts and minds' from all staff with a belief that things are getting better and a willingness to continue to work and learn in primary care and create a 'brand' as a Locality to improve external recruitment and improve retention of both GPs and nurses. The programme seeks to create a blueprint that we can seek to learn from and share across the localities within BNSSG.

8. Primary Care Quality reports overview



The Committee has received monthly reports on Quality in primary care. Each month the report provides information regarding Care Quality Commission publications, Friends and Family Test data and updates on quality improvement projects and any identified quality escalations. Across BNSSG all GP practices have been rated as either 'Good' or 'Outstanding' following their CQC inspection. Where any concerns have been raised within the published report the quality team have contacted the practice to offer support and where appropriate have visited practices.

In addition to the monthly updates in July the Committee received an overview of the work in medicines optimisation to reduce the number of prescribed broad spectrum antibiotics and the development of the Medicines Optimisation Prescribing Quality Scheme, which has a focus on antibiotics and multidisciplinary medication reviews. The Committee was also advised of the new BNSSG-wide online Datix reporting tool which went live in July and will enable practices to report patients care concerns in a consistent way across BNSSG CCG.

In September the Committee agreed a Quality calendar. The calendar was developed from analysis of the quality metrics within the primary care data set and correlated with the CCG health priorities. The quality metrics, using the parameters set within each metric, were rated using a Blue, Red, Amber, Green (BRAG) rating approach. The order within the calendar was based on the highest number of red rated quality metrics within a domain being presented first.

Quality Calendar

Month	Domain
October	Children
November	Update on National Annual Data
December	Cancer
January	Workforce & Resilience
February	Diabetes
March	Cardiovascular
April	Mental Health
May	Prescribing
June	Respiratory
July	Dementia
August	Urgent & Emergency Care
September	Patient Experience

The focused domain presented to the committee in September was 'Patient Experience' information regarding the Friends and Family Test, GP Patient Survey, Complaints and Healthwatch reports was reviewed.

The CCG Quality and Resilience working group has been merged with the Primary Care Contracting meeting to establish the Primary Care Quality, Resilience and Contracting meeting,

this ensures that issues of performance, quality and contracting are discussed and addressed in a collaborative and efficient manner.

9. Finance

PCCC continues to forecast a break even position for 2018/19 for delegated primary care budgets. There is a forecast overspend of £959K for 'Other primary care' which principally reflects the non-recurrent cost pressures arising from the 1-year extension of the OOH and 111 contracts.

10. Legal implications

Procurement actions have all been undertaken within the Public Contracts Regulations 2015 and NHS (Procurement, Patient Choice and competition) regulations 2013.

11. Risk implications

No specific risks need to be noted by Governing Body.

12. Implications for health inequalities

None applicable

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

None applicable

14. Consultation and Communication including Public Involvement

Nothing to note

15. Recommendations

Recognise the work the Primary Care Commissioning Committee (PCCC) has overseen through quarter two 2018/19.

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

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Appendices – n/a

Glossary of 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
GPRT	General Practice Resilience and Transformation
STP	Sustainability and Transformation Plan