

# Primary Care Commissioning Committee (PCCC)

Date: Tuesday 29<sup>th</sup> January

Time: 9-11am

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

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## Agenda item: 11

### Report title: Medical Contract Overview Report - December 2018

Report Author: David Moss, Health of Primary Care Contracts

Report Sponsor: Lisa Manson, Director of Commissioning

#### 1. Purpose

This report provides an overview of BNSSG CCG contracts and performance in 2018/19 year to date.

#### 2. Recommendations

To note the performance and contractual status of Primary Care

#### 3. 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.

#### 4. 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.

#### 5. Risk Implications



There are no specific risk implications highlighted within this paper. Any risks associated with contractual change requests will be considered via separate papers and will include any relevant risk implications.

## **6. Implications for Health Inequalities**

Monitoring of Primary Care performance will highlight any areas of health inequalities within BNSSG CCG which will be addressed accordingly.

## **7. Recommendations 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.

## **8. Implications for 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.

# Primary Care Commissioning Committee (PCCC)

Date: Tuesday 29<sup>th</sup> January

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## Agenda item: 11

### Report title: Medical Contract Overview Report – January 2019

Report Author: David Moss, Head of Primary Care Contracts

Report Sponsor: Lisa Manson, Director of Commissioning

#### 1. Purpose

To update primary care operational group on the status of BNSSG primary care contracts.

#### 2. Current Contracts

CCG	APMS	PMS*	GMS	Total
Bristol, North Somerset and South Gloucestershire (BNSSG)	8**	66	10	84

\*NHS England has offered new contracts to all PMS practices

\*\*APMS contract for SAS included

##### 2.1 PMS Contract Update

All PMS practices were offered a new PMS contract by NHS England. There are two PMS Practices who have not yet returned a signed contract and these have been contacted for updates.

One practice has a relatively new Practice Manager and due to competing priorities, the practice was having difficulties working through the contractual queries raised. Assurance on the queries raised has been provided and we are awaiting a signed copy

of the contract imminently.

The other practice has been non-responsive to emails and letters regarding the signing of the contracts thus far. The LMC have been included in recent correspondence to support the practice with any outstanding contractual queries.

The lack of a signed contract is an issue that will need resolution as soon as practically possible in order to avoid any uncertainty. In the interim, given that services are continuing to be provided and the practices are receiving payment a contract is 'implied' between the parties. The local terms of the agreement will reflect what can be inferred as having been agreed between the parties based on correspondence between, notes of meetings, drafts exchanged and so on. It would be reasonable to assume that the implied contract would incorporate the drafted terms of the PMS contract. Therefore, contractual issues can still be discussed and raised with parties as necessary.

## 2.2 Single handed Contractors holding GMS/PMS contracts

Practice	Code	List Size (01/04/18)	Contract Type
Cedars/Worle (Pimm)	L81643	15,219	PMS

As per the previous report, the medical team have reviewed all single-handed contracts. The Single Handed GP Contractor Assurance Framework has been sent to the Practice and the return has been reviewed by the Primary Care Contracts Team. The Contracts team are undertaking a visit to the practice to understand any practice level concerns, and their plans for the future.

## 2.3 Core Hours assurance

Core Hours means the period beginning at 8am and 18:30 on any day from Monday to Friday except Good Friday, Christmas day or bank holidays.

During the previous e-Declaration submission, 5 practices were highlighted as not opening in line with expectations:-

- a closure of over 4 hours on at least one day per week (Monday to Friday)
- Some report that they are open for a total of less than 45 hours or less (core is 52.5) across the week (Monday to Friday)

The practices concerned were contacted and the conversations indicated that the issues had already been resolved. On January 15<sup>th</sup>, the Contracts Team contacted the one remaining practice with an outstanding issue relating to a mobile number being provided to patients during the lunch closure. The practice has explored alternative options for their telephony during these closures, and has informed us of an upcoming change in their telephony supplier to facilitate call redirection. This will mean patients can always

contact the practice on the main surgery telephone line, and if necessary they will be redirected to the mobile line at no additional cost.

### 3. Procurements/Contract Expiries

#### 3.1 Current Procurements

Service	Locality	Status	Expected Contract Award date	Anticipated Service commencement date
Northville Family Practice	South Glos	PCCC approved an extension to the end of Sept 2019, full procurement work commenced with PIN 4/01/19	tbc for longer term contract	tbc
Charlotte Keel Medical Practice	ICE	PCCC approved an extension until the end of March 2020, full procurement commenced with PIN 4/01/19	tbc for longer term contract	tbc
Bishopston Medical Practice	N&W	PCCC approved an extension until the end of March 2020, incumbent wishes to extend to end of Sept 2019. Full procurement work commenced with a PIN 4/01/19		
Locality Health Centre	WW&V	Service commenced	Awarded	1 Nov '18

#### 3.2 APMS Contract Expiries

Practice	Locality	Contract Type	Agreed End date	Notes
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Practice	Locality	Contract Type	Agreed End date	Notes
Locality Health Centre (Weston)	North Somerset	APMS	31/10/2019	With option to extend by 1 year
Northville Family Practice	South Gloucestershire	APMS	30/09/2019 *offered	Contract commenced on 16/01/2016
Bishopston Medical Practice	North and West	APMS	31/03/2020 *offered	Contract commenced February 2018
Charlotte Keel Medical Practice	ICE	APMS	31/03/2020 *offered	Contract commenced 01/04/18
Broadmead Medical Centre (Y02578)		APMS	30/09/2031	With option to extend by 5+5 years
Homeless Health Service (Y02873)		APMS	30/09/2021	With option to extend by 5+5 years
Emersons Green Medical Centre (L81362)	South Gloucestershire	APMS	31/01/2032	With option to extend by 5+5 years

## 4. Practice mergers

### 4.1 Approved mergers

No new applications.

### 4.2 New Merger Applications

Further to the previous report, a draft merger application has been received for review from Clarence Park and Graham Road. Mary Adams (Patient and Public Engagement Manager) and the Primary Care Contracts Team continue to work with the practice to ensure the process is followed.

## 5. Closed list Applications

No new applications

## 6. Approved List Closures

None

## 7. 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 have to demonstrate the reasons for closure and the contingency for patients during these closures. Applications are approved by NHSE and BNSSG jointly up until March 2019, and subsequent applications will be considered solely by BNSSG.

The table below details the number of applications received since 1 April 2018.

	<b>N/Somerset</b>	<b>Bristol</b>	<b>S Glos</b>	<b>Totals</b>
<b>Applications</b>	1	6	7	<b>14</b>
<b>Practices</b>	1	5	5	<b>11</b>

An application has been received from Courtside Surgery to close on 6 February 2019 from 12:30 until 14:00. The purpose of the closure is to allow staff training in preparation for an IT migration. The practice has submitted satisfactory contingency information and BNSSG recommend to NHS England that the request be agreed. The practice was informed in writing on 10 January 2019, that the request has been approved.

## **8. Applications to Change Practice Boundaries**

An application to change a practice boundary has been received from Tyntesfield Medical Group and a report has been prepared for consideration by PCCC on 29<sup>th</sup> January 2019.

## **9. Branch Surgery Closures**

No applications received

## **10. Contract Breach and Remedial Notices**

Further to the last report, a remedial notice was issued to a practice in October 2018. The practice responded with an offer to remedy the breach, but it was felt this did not fully resolve the breach. A further Notice was issued stipulating residual unresolved items requiring resolution before the breach can be lifted. The practice demonstrated appropriate remedial actions by 16 January 2019, and the Contracts team have lifted the Remedial Notice accordingly.

## **11. Primary Care Performance Management Monitoring**

BNSSG CCG currently commission Improved Access from One Care (BNSSG) Ltd. One Care are commissioned to deliver on average an additional 45 minutes / 1000 population (weighted) per week access to general practice. Current performance across BNSSG is as follows:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Av Minutes / week BNSSG	39.6	37.9	44.2	39.4	39.2	48.9	36.0	36.6

The number of minutes delivered across BNSSG increased during November 2018 with this being the second month of localities implementing their improved access plans. All six localities met the minimum standard of 30 minutes per 1,000 population per week. The number of minutes delivered across December and January is expected to increase in line with the implementation of winter plans. OneCare are working with practices to refine plans up to the end of March 2019.

The access element of the GPFV return (submitted monthly) has been refined to focus on utilisation of appointments across every day of the previous month. Utilisation across BNSSG in November was 91% and NHS England have fed back that this is in excess of the national average which is currently around 80%. Utilisation on a Sunday continues to be a challenge. BrisDoc provided an hour per week of Sunday face to face appointments for four localities across three bases in November 2018. Utilisation of these appointments was 8%. Further work by both OneCare and the CCG is required to fully understand and demonstrate demand for appointments across the week. It is hoped that sufficient advertising and signposting of the availability of these slots will support utilisation but nationally other areas have scaled back Sunday provision.

National reporting will refocus towards a stocktake of delivery against all of the 7 core requirements of Improved Access:

- Timing of appointments
- Capacity
- Measurement
- Advertising and ease of access
- Digital
- Inequalities
- Effective access to wider whole system services

As reported last month, OneCare declared in September 2018 that 100% of practices are advertising IA on websites. An initial audit identified that some practices were not including any information or that the level of information and presentation could be improved in line with the nationally published materials available through NHS England. The CCG has shared the results of the audit with OneCare in early January 2019, who have accepted that 6 practices are not advertising IA at all on their websites. OneCare have assured the CCG that each practice submitted a link to the relevant information in September 2018 but that practices may have chosen to move or remove at a later date. OneCare have written out to all practices concerned and asked that the information is reinstated by no later than 31 January 2019. Alongside this OneCare are supporting practices to refine existing messaging to ensure that it is in line with national campaigns. The CCG will repeat the



audit in early February 2019.

NHS England the CCG and OneCare met in January 2019 to discuss progress towards 111 direct booking. There remains technical issues around the naming of appointments in the relevant systems and extracting what is being booked through 'Improved Access'. A national event was held on 16 January 2019 to discuss such issues to ensure there is input into the national process and a route of escalation to the providers involved (if applicable). Current estimates are that 6 practices will 'go live' in March 2019.

## 12. Referral Data

The CCG currently manages referral variation via the referral service for Bristol and North Somerset where all referrals are checked at the point of referral by local clinical and administrative referral experts. Referrers receive personal bespoke feedback where necessary. As a result GP referrals have been falling for the last 2 years and continue to fall this year and BNSSG has low referral rates when benchmarked with other areas.

BNSSG CCG continues to analyse referral rates to support best practice and manage variation. GP Referral data is taken from the monthly activity return, e-referral, direct data from the Trusts and first outpatient attendance numbers. Based on 17-18 data, analysis has established a list of GP Practice outliers against the following specialities:

- Breast Surgery
- Cardiology
- ENT
- Gastroenterology
- General, Colorectal and Upper Gastro Intestinal Surgery (combined due to Trust reporting)
- General Medicine
- Gynaecology
- Ophthalmology
- Paediatrics
- Pain Management
- Plastic and Dermatology (combined due to Trust reporting)
- Respiratory Medicine
- Rheumatology
- Trauma & Orthopaedics
- Urology
- Vascular Surgery

In addition, the diagnostics variation tool allows practices to compare their imaging requests for CT, MRI and Ultrasound respectively.

Practices are considered to be outliers where they fall outside of three standard deviations from the mean.

It has been agreed that a workshop will be held at each of the respective Bristol, North Somerset and South Gloucestershire membership in January and February 2019. A personalised letter will be sent to each practice including the areas for which each are showing as an outlier by the end of December 2018. This will be addressed to the practice

representative and the practice manager. A named contact at the CCG will be identified for practices to discuss and raise any queries they may have around the data.

**13. Financial resource implications**

Any change requests will be considered via separate papers and will include any relevant financial implications.

**14. Legal implications**

Any change requests will be considered via separate papers and will include any relevant legal implications.

**15. Risk implications**

Any change requests will be considered via separate papers and will include any relevant risk implications.

**16. Implications for health inequalities**

Any change requests will be considered via separate papers and will include any relevant health inequalities implications.

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

Any change requests will be considered via separate papers and will include any relevant equalities implications.

**18. Consultation and Communication including Public Involvement**

Any change requests will be considered via separate papers and will include any relevant consultation/communication implications.

**19. Appendices**

None

### **Glossary of terms and abbreviations**

<b>APMS</b>	Alternative Provider of Medical Services - Type of GP contract
<b>GMS</b>	General Medical Services – Type of GP contract
<b>PMS</b>	Personal Medical Services – Type of GP contract
<b>PIN</b>	Prior Information Notice