

Agenda item: 12

Report title: Primary Care Commissioning Committee (PCCC) quarterly Governing Body report Q3

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 quarter three update therefore provides a summary of the third quarter's activities and decisions.

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.

The CCG will be working closely with NHS England through quarter 4 to assess and make payment on QOF submissions and reconciliation. 2018/19 achievement will be used to calculate 2019/20 QOF payments for the early part of the year.

3. Local Enhanced Services (LES) Review

The Primary Care Commissioning Committee has continued to monitor the progress of the LES review. At the 3rd January 2019 meeting of the Committee the Committee received the specifications for:

- Type 2 Diabetes Insulin Start LES
- Recognition and Management of People with Dementia and their Family/Carers in General Practices
- DVT pathway for patients presenting in general practice
- Anticoagulation LES: INR monitoring and vitamin K anticoagulant dosing – Basic service
- Anticoagulation LES: INR monitoring and vitamin K anticoagulant dosing – Advanced service
- Specialist Medicines Monitoring
- Supplementary Services

The Committee discussed each of the specifications in turn and approved them subject to some amendments to the Type 2 Diabetes Insulin Start LES and the Recognition and Management of People with Dementia and their Family/Carers in General Practices. In addition, the Committee received proposals for contract terms for each of the LES. These were also agreed subject to amending the contract term for the DVT pathway for patients presenting in general practice LES to a term of one year, to offer the opportunity for it to be considered as a locality commissioned service from April 2020. The Committee supported the recommendation to continue the 16p GP Basket of Services for South Gloucestershire in recognition of the commitment made to continue to fund this agreement as part of the 5 year PMS funding statement given to practices in South Gloucestershire. The Committee were keen to ensure that we monitor this agreement to assess value for money, in line with our approach to all LES funding. It was agreed that part of this will be picked up through the monitoring of the BNSSG supplementary services specification and that

EMIS codes should also be provided to monitor the remainder of the specification that is not captured through the BNSSG supplementary services specification for its remaining 2 years.

The Committee noted progress on the development of financial tariffs and requested that a complete set of financial tariffs be presented to the 29th January meeting of the Committee so that assurance could be given that the tariffs presented are both affordable and represent value for money.

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 to 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 and has and contract reviews have been set up to support CCG assurance of delivery and change management.

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.

The CCG has established an APMS working group to progress the procurement involving relevant internal stakeholders. The group recognise the large number of variables and interdependencies between the three practices. This being the case the CCG is set to undertake pre-market engagement to ensure any procurement proposal will be received with the intended interest required. Therefore a PIN (Prior Information Notice) has been released followed by a pre-market engagement event on 30th January 2019.

5. Ethical Decision Making Framework

Primary Care Commissioning Committee noted the progress that has been made and the future involvement on Governing Body and Primary Care Commissioning Committee in developing, approving and implementing the BNSSG CCG Ethical Framework for Decision-Making.

6. Estates

a. Thornbury

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.

b. Estates Strategy

In order to help shape the future use of the Primary and Community Care estate and address the key issues for a more efficient and higher quality estate to support new models of care, a number of key principles were agreed for inclusion in the estate strategy.

- 1) Divest in poor quality, poorly performing and surplus buildings to reduce running costs, which can be used for investments in estate improvements.
- 2) Reduce voids and under-utilisation across the estate to maximise the value of existing spending on estate
- 3) Public and patient facing services prioritised for use of high quality assets.

- 4) Priority will be given for investment in estate where new models of care have been explored and developed first.
- 5) Prioritise and positively enable greater use of high quality buildings, such as LIFT.
- 6) Co-locate services where possible, with shared and/or sessional use between providers.
- 7) Increase utilisation of health and local authority facilities, where appropriate.
- 8) Develop agile working across each organisation –in General Practice and community.
- 9) Fully explore use of alternative estate for support functions where possible, if not integrated already.
- 10) Develop agreements on cost gain / risk share across organisations to promote shared use and productive estate
- 11) Plan for replacement of ageing, poor quality and ineffective estate collaboratively.
- 12) We will develop flexible space and flexibility in lease arrangements to support the ongoing development of service strategies

PCCC noted the progress to date in developing the Estates Strategy and key timeline for delivery. The estates strategy has been drafted through quarter 3 and will be received by PCCC in February 2019 noting the time needed to engage key stakeholders.

7. 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 CCG has consulted throughout November and December 2018 on the alliance contract model with Providers, locality boards, LMC and One Care.

The contract model is intended to be finalised in quarter 4 to ensure delivery can start from 1st April 2019.

8. GP Forward View

As reported in the previous report to Governing Body the Committee received an update on 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. 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.

b. 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.

9. 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 (CQC) publications, Friends and Family Test data, quality improvement projects, any quality escalation issues, and for quarter 3, updates on Flu Vaccine uptakes.

Up to the end of this reporting period all GP practices across BNSSG have been rated as either ‘Good’ or ‘Outstanding’ following their CQC inspection. Two practices were rated as ‘requires improvement’ within one of the five core domains, but were given an overall rating of ‘Good’. Where any concerns have been raised within the published CQC report the quality team have contacted the practice to offer support and where appropriate have visited practices.

Flu vaccine uptakes in primary care are recorded for two specific groups – those patients 65 and over and those at risk between the ages of 6 months and under 65. The data is benchmarked against the national average and monitored against the national end of season ambition set by Public Health England and NHS England, who commission the vaccinations. As at Dec 23rd 2018 the uptake percentages were as follows:

At Risk - (6 months - to Under 65 years)			65 and Over		
National end of season ambition	National Uptake	BNSSG	National end of season ambition	National Uptake	BNSSG
55%	44.4%	47.4%	75%	69.5%	75.2%

The CCG Medicines Optimisation Team has met with the NHS England Screening and Immunisations Team to explore what support can be given to practices where uptake is low. The NHS England team has confirmed that they have contacted practices where uptake is below 25% for those at risk aged 2 - 65 years and under 35% in the over 65 age range.

Following approval of the primary care quality calendar in September the committee received detailed information on four children's' quality metrics in October and on two cancer quality metrics in December. These metrics are part of the Primary Care Webtool and can be nationally benchmarked. In November the quality team were expecting the annual update of the Primary care Webtool to provide an overview and to assess if the quality calendar needed to be reprioritised, however this was not released and is still awaited. The agreed calendar remains unchanged and is as follows:

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 Primary Care Quality, Resilience and Contracting teams meet regularly to ensure issues of performance, quality and contracting are discussed and addressed in a collaborative and efficient manner.

10. Finance

PCCC continues to forecast a break even position for 2018/19 for delegated primary care budgets. There is a forecast overspend of £954K for 'Other primary care' which principally reflects the non-recurrent cost pressures arising from the 1-year extension of the OOH and 111 contracts.

11. Legal implications

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

12. Risk implications

No specific risks need to be noted by Governing Body.

13. Implications for health inequalities

Non applicable

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

Non applicable

15. Consultation and Communication including Public Involvement

Nothing to note

16. Recommendations

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

Propose the Governing Bodies (GB) receive 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

