

**AGENDA
PRIMARY CARE COMMISSIONING COMMITTEE – VIRTUAL MEETING**

The meeting will be held via MS Teams Meeting and a diary invite will have been sent to you prior to the meeting

Date: 13th August 2020

Time: 12.00pm to 13.15pm

Item No.	Time	Duration	Subject	Paper/Verbal for Approval, Discussion or information	By Whom
1.	12.00pm		Apologies for Absence.	Verbal	All
2.	12.00pm		Declarations of Interest.	Verbal	All
3.	12.00pm	5 mins	Minutes from the meeting held on 11 th June 2020.	Paper – for approval	All
4.	12.05pm	20 mins	BQC 2020/21:- <ul style="list-style-type: none"> BQC Quarter 4 KPI Member Engagement Adjustments. BQC 2020/21 6 month programme for re-setting primary care. 	Paper– for approval Presentation – for discussion	Lynda Helsby Lynda Helsby
5.	12.25pm	20 mins	BQC 2019/20 End of Year Report.	Paper – for approval	Lynda Helsby
6.	12.45pm	10 mins	Multi-Contract Providers– Attendance at CCG Events/Meetings.	Verbal – for discussion	Lynda Helsby
7.	12.55pm	10 mins	Estates Update.	Verbal – for discussion	Kathryn Oddi
8.	13.05pm	5 mins	Any Other Business.	Verbal	All
9.	13.10pm	5 mins	Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes.	Verbal	All
10.	13.15pm		Time & Date of Next Meeting: Dates for future meetings 2020 – to take place from 12 noon on:- <ul style="list-style-type: none"> 8th October 10th December 	Verbal	All

MINUTES

Primary Care Commissioning Committee – Virtual Meeting

Date: 11th June 2020

Time: 12.00pm

Present:

Alan Stephenson	CCG Lay Member (Committee Chair)
Su Long	CCG Chief Officer
Lynda Helsby	CCG Associate Director Primary Care & Health Improvement
Kathryn Oddi	CCG Head of Primary Care Contracting
Kelly Knowles	CCG Deputy Chief Finance Officer
Ben Squires	GMH&SCP Primary Care Team
Ian Boyle	CCG Chief Finance Officer
Susan Baines	Bolton Council Elected Member
Steven Whittaker	Local GP representative
Stacey Walsh	Local Practice Manager representative

In attendance:

Jason Kalugarama	GMH&SCP Primary Care Team
Chris Haigh	CCG Head of Medicines Optimisation

Minutes by:

Joanne Taylor (JT)	Board Secretary
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Minute No.	Topic
26/20	<p><u>Apologies for Absence</u> Apologies for absence were received from:-</p> <ul style="list-style-type: none"> • Stephen Liversedge, Clinical Director Primary Care & Health Improvement. • Lynn Donkin, Bolton Council Public Health representative. • Ann Gough, GMH&SCP Primary Care Team. • Andy Morgan, Bolton Council Elected Member. • Jim Fawcett, Health Watch
27/20	<p><u>Declarations of Interest</u> Steven Whittaker and Stacey Walsh declared an interest in all the items on the agenda relating to primary care, due to potential financial conflicts of interest.</p> <p>The Chair agreed that for each item, views would be taken on the potential conflicts of interest to confirm if these members could take part in any voting or decisions taken.</p> <p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at meetings which might conflict with the business of the committee. It was noted that declarations declared by members of the committee are listed in the CCG's Register of Interest. The Register is available either via the CCG Board Secretary or the CCG's website at the following link: http://www.boltonccg.nhs.uk/about-us/declarations-of-interest</p>

28/20	<p><u>Minutes and Notes:</u> The Minutes from the meeting held on 13th February 2020 and the notes from the last meeting held on 9th April 2020 were approved as a correct record. The Committee also ratified the decisions taken at the meeting held on 9th April 2020.</p>
29/20	<p><u>Committee Chair's Actions - QoF 2019/20 Payment Update</u> The report updated members on the decision taken by the Committee Chair to financially adjust the payment made to 6 practices in “category 3”, to be paid based on the 2018/19 QoF values.</p> <p>Following discussions, the Committee Chair had agreed that the CCG should not be penalising practices on end of year delivery when their ability to achieve has been impacted by a major pandemic and their main focus has been on providing urgent care safely during this time. The Committee is asked to review and approve the decision taken by the Committee Chair. The background information relating to the QoF calculations was attached to the report.</p> <p>The Committee endorsed the decision taken by the Committee Chair in relation to 6 practices in Category 3 to be paid on the 2018/19 QoF values and agreed that practices should be made aware of this decision.</p> <p>It was also noted that a review of BQC KPI achievements for 2018/19 and 2019/20 has now be completed and the proposal is to agree the same principles for KPI achievements, that practices receive the higher payment for achievement of KPIs over these two years.</p> <p>The Committee approved the higher payment to be made to practices for the KPI achievements and that this be reviewed by indicator.</p> <p>The payments being made for other locally commissioned services, not linked to the BQC was also discussed. It was noted that currently, for quarter 1, payments have been made to practices of the higher payment previously made. Members discussed plans for the following quarters and it was noted that national guidance is expected at the end of the month regarding this to confirm the position at the end of July.</p> <p>The Committee agreed to extend the current arrangements for locally commissioned services into quarter 2 and that this arrangement be confirmed to practices. Planning for future quarters will be considered by the Committee at the next meeting.</p>
30/20	<p><u>BQC 2020/21:</u></p> <p><u>Payment Proposal</u> The Committee reviewed the report which detailed a range of payment options for the sixth year of the BQC, in light of the proposed indicative uplift to the Global Sum Rate (the national price per patient for ‘core primary medical services) for 2020 – 2021.</p> <p>The Committee reviewed the report and options presented. Members discussed the need to establish a baseline principle at this stage on what the payment would be under business as usual, acknowledging there will be more financial decisions to review over the coming months once the full implications of Covid are known.</p> <p>The Committee approved Option 4, overall 2% uplift to the total rate.</p>

	<p><u>Prescribing Payment Adjustments due to Cat M</u> The report detailed the current challenges with regard to the drug tariff reimbursement for Category M drugs. It was noted that these prices are set nationally and are adjusted by the Department of Health and Social Care to ensure a retained margin nationally for community pharmacies. This can lead to the costs being unpredictable and varying by month to month depending on the level of reimbursement that is required to ensure overall pharmacy income.</p> <p>The Committee reviewed the report and agreed that no decision is required due to the previous decision made by the Committee regarding payment for the BQC KPI achievements and to agree the best payment for practices by indicator.</p> <p>The Committee noted the impact Cat M has had on the prescribing budget but noted the principle decision made earlier in the meeting to agree the best payment for practices by indicator for the KPIs, to ensure practices are not penalised due to the effects of Cat M drugs having on individual practice prescribing budgets.</p>
31/20	<p><u>Health Check Governance Processes – Quarterly Update</u> The Committee received a quarterly update on health check governance and processes. It was reported that the current achievement for quarter 4, as at March 2020, is 76.3%, which is an improvement from the previous year.</p> <p>The CCG continues to deliver the health check programme through the BQC as agreed with the Local Authority.</p> <p>The Committee noted the quarterly update.</p>
32/20	<p><u>Primary Care Investment Agreement Quarterly Update</u> The report highlights the main developments since the last report received and gives an update on how each of the transformation projects have developed.</p> <p>The main highlights noted were regarding the development with online consultations, workforce planning and optimisation, extended access to primary care, clinical pharmacists, general practice at scale and the 10 high impact changes regarding sustainability.</p> <p>All areas are currently being evaluation and the full evaluations will be presented to a future meeting.</p> <p>The Committee noted the quarterly update on the developments with the Primary Care Investment Agreement.</p>
33/20	<p><u>Estates Update</u> The Committee received an update on estate developments, in particular regarding design and plans for the Little Lever Project.</p> <p>Also noted was the post covid amendments or upgrades being made to premises through the work with NHS Property Services, IFM Bolton and the Community Health Partnership to look at arrangements for practices to cope with requirements post covid. A similar process is also being undertaken with practices who are not in owned premises to ensure safety and infection control measures are in place.</p> <p>The Committee noted the updates.</p>

34/20	<p><u>Any Other Business</u> There was no further business discussed.</p>
35/20	<p><u>Chair reflection on significant decisions/actions/risks that may need reporting to the Board through these minutes</u> The main points highlighted were:-</p> <ul style="list-style-type: none"> • Approval of Committee Chair’s actions in relation to 6 practices in category 3 to be paid on the 2018/19 QoF values. • Approval of the higher payment to be made to practices for the KPI achievements and that this be reviewed by each indicator. • Agreement to extend the current arrangements for locally commissioned services into quarter 2 and that this arrangement be confirmed to practices. • BQC 2020/21 Payment Proposal.
36/20	<p><u>Time and Date of Next Meeting</u> It was agreed that the next meeting would be held on Thursday 13th August 2020 at 12 noon.</p>
37/20	<p><u>Exclusion of the Public</u> “ That publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, and that the public be excluded”.</p>
38/20	<p><u>Future Agenda Items</u> Noted as:-</p> <ul style="list-style-type: none"> • Update on Health Check governance processes (quarterly). • Primary Care Investment Agreement (quarterly).

Primary Care Commissioning Committee – Virtual Meeting

AGENDA ITEM NO:4(i).....

Date of Meeting:13th August 2020.....

TITLE OF REPORT:	BQC Membership Engagement Requirements	
AUTHOR:	Lynda Helsby, AD Primary Care	
PRESENTED BY:	Alan Stephenson, Committee Chair	
PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting)		
<p>To notify members of the decision taken by the Committee Chair to adjust requirements for the BQC membership engagement standard, to inform end of year achievement.</p> <p>Following discussions, the Committee Chair agreed that the CCG should not be penalising practices on end of year delivery when their ability to achieve has been impacted by a major pandemic and their main focus has been on providing urgent care safely during this time.</p> <p>The Committee is asked to review and approve the decision taken by the Committee Chair.</p> <p>Background information relating to the requirements is attached for information.</p>		
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Deliver the outcomes in the Bolton Joint Health and Care Plan.	<input type="checkbox"/>
	Ensure compliance with the NHS statutory duties and NHS Constitution.	<input type="checkbox"/>
	Deliver financial balance.	<input type="checkbox"/>
	Regulatory Requirement.	<input type="checkbox"/>
	Standing Item.	<input type="checkbox"/>
FINANCIAL IMPLICATIONS [discussed with Chief Financial Officer]:		
COMMITTEES/GROUPS PREVIOUSLY CONSULTED: N/A		
REVIEW OF CONFLICTS OF INTEREST: Reviewed with the CCG Chief Officer throughout the decision making process.		
RECOMMENDATION(s)		
The Committee is asked to approve the decision taken by the Committee Chair as outlined above.		

BQC Membership Engagement Requirements

Standard 8 of the BQC: Membership Engagement requires practices to:

- Undertake 2 clinical audits per year, as determined by the CCG
- Submit quarterly data to the CCG
- Develop/revise a Business Continuity Plan and send to the CCG
- A GP from the practice to attend 10/12 Clinical Lead meetings
- A GP and Practice Manager to attend monthly neighbourhood meetings
- Provide a phlebotomy service for patients aged 12 years and over
- Undertake an annual workforce audit
- Hold 2 PPGs (either face to face or virtual)
- Accept Transfer of Care (as agreed by CSB)
- Safeguarding – attend the Safeguarding Event
- Patient Safety – Submit clinical incidents (2 per wte clinician)
- Cancer – e-learning module
- EOL – one audit on non-cancer EOL patients

Context

The CCG agreed that the main focus for Bolton practices during the COVID-19 crisis should be to provide urgent care safely.

End of Year BQC Practice Achievement – Membership Engagement

The CCG Primary Care Development Team felt that the CCG should not be penalising practices on end of year delivery of aspects of the membership engagement standard, when their ability to achieve in the last few weeks of the financial year has been impacted by a major pandemic.

Discussion

The Chair of the PCCC met with the Clinical Director of Primary Care Development and Health Improvement in June 2020 to discuss the issue.

It was important to progress this issue asap, so that end of year reports and financial statements were not delayed.

Discussion centred on amending the targets for 19/20 only, to take into account the prioritisation of urgent care in primary care.

Suggested amendments to take into account the influence of the pandemic on a practice's ability to achieve

1. 2019-20 Criteria - Attendance at Clinical Leads – A GP to attend 10/12 meetings

35 practices had achieved the above criteria at the end of March 2020.

The original target was to attend to attend 10/12 meeting. It was suggested to change to attend 9/11 meeting to reflect difficulties attending due to COVID.

If the criteria was changed to – A GP to attend 9/11 meetings, 44 practices have achieved the new target

The practices who don't achieve the new target are:

- Deane Clinic
- Deane medical
- Loomba
- Shanti
- Stonehill

2. 2019-20 Criteria - Clinical incidents – a practice to submit two incidents per wte clinician

44 practices had achieved the above criteria at the end of March 2020.

The original target was to attend to submit 2 incidents per WTE clinician. It was suggested to change to submit 1 incident per WTE clinician to reflect difficulties submitting at year end due to COVID.

If the criteria was changed to – a practice to submit one incident per wte clinician, 48 practices would achieve

The practice who doesn't achieve the new target is:

- Deane Clinic

3. 2019-20 Criteria - Patient Participation Groups – hold 2 PPGs either face to face or virtual

40 practices had achieved the above criteria at the end of March 2020.

The original target was to hold 2 PPGs in a year. It was suggested to hold 1 meeting a year reflect difficulties holding these meetings towards the end of the year due to COVID.

If the criteria was changed to – a practice should hold at least one PPG, 42 practices would achieve.

The practices who don't achieve the new target are:

- Al-Fal
- Burnside
- Cornerstone
- Dakshina-Murthi
- Fig Tree
- Loomba
- Zarrouk

Decision in principle

After discussion with the Clinical Director of Primary Care Development, a decision was taken in principle by the Chair of the PCCC that it would be reasonable to adjust the 3 targets as set out above.

This would take into account the influence of the COVID-19 pandemic may have had on a practice's ability to achieve the targets.

The PCCC is being asked to:

Approve the decision taken by the Chair of the PCCC as outlined above.



Better Bolton.

The Bolton Quality Contract

***Re-setting the work
programme for Primary Care***

October 2020 – March 2021

July 2020

The proposal

The main theme running through this proposal is:

- ***Any face to face contact is not mandated***

This six month work programme aims to support Primary Care to progress to a more ‘conventional’ way of working by April 2021 if possible.



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The process for re-setting the Bolton Quality Contract for 2020-21

Step 1

- Dr Liversedge consulting with Practice Clinical Leads (July 2020)

Step 2

- Clinical Leads to consult with their practices and feedback to the CCG

Step 3

- Draft programme to be presented to the PCCC for approval

Step 4

- Final BQC specification to be presented to the CCG Board for ratification

Step 5

- Practices commence a 6 month programme of work (October 2020)



The BQC Standards for 2020-2021 were agreed as:

- 1. Access to General Practice**
- 2. Ageing Well**
- 3. Carers**
- 4. Defined Patient Groups**
- 5. Demand Management**
- 6. Health Improvement**
- 7. Long Term Conditions – Best Care**
- 8. Membership Engagement**
- 9. Prescribing**



Standard 1 - Access

Original KPIs 2020 – 2021

- Deliver a minimum of 75 contacts per 1000 pop. in core hours
 - Reduce OOH attendances by 1%
-
- This is difficult to assess at the moment
 - A variety of options for patients – phone, video, on-line
 - We have done a 'quick' access audit
 - All patients get a telephone screening in the first instance
 - Variety of clinicians

Suspend the following targets until April 2021

1. Deliver a minimum of 75 contacts per 1000 population in core hours
2. OOH attendances – reduce by 1%

Revised KPI

- Undertake an access audit – (February/March 2021)



Standard 2 - Ageing Well

Original KPI 2020 – 2021

- Undertake an Ageing Well assessment on all patients 65-74 years within 3 years **Target – 50%**

Most elements can be undertaken by telephone consultation

Suspend the following elements until April 2021

1. BP, Pulse Check, BMi

Revised assessment to include:

1. Memory assessment – 6-CIT. Possibly GP COG, and only after screening question
2. FRAX score – use last weight recorded, or ask patient to measure. Follow NOGG guidance . If bone density required - investigate a referral (mention to patient we can't be certain when this can be done)
3. Discussion about – falls, strength and balance, flu vaccination, medication compliance , social isolation, and smoking status
4. Undertake AUDIT C, then AUDIT 10 if appropriate
5. Advise about diet, hydration and exercise
6. Advertise the NHS Health Check, and cancer screening (as appropriate)

Revised KPI

- Undertake ageing well assessment on all patients 65-74 years within 3 years **Target 40%**



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Standard 3 - Carers

Original KPIs 2020 – 2021

1. Achieve **2%** of the list size
2. Undertake an annual health check on all carers

Target - 80%

Most elements can be undertaken by telephone consultation

Suspend the following elements until April 2021

1. BP, blood tests, pulse check and BMI

Revised assessment to include:

- Discussion about – coping strategies, available support, , flu vaccination, medication compliance and social isolation
- Undertake depression screening
- Advertise the NHS Health Check, cancer screening (as appropriate), Carers Support and adult social care
- Undertake AUDIT C, then AUDIT 10 if appropriate
- Advise about diet, hydration and exercise
- Signpost – social prescribing and community assets

Revised KPIs

1. Achieve **2%** of the list size
2. Annual health check:

Target 75%



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Standard 4 – Defined Patient Groups

Original KPIs 2020 – 2021

- | | |
|--|---------------------|
| 1. Achieve expected dementia prevalence | Target – 80% |
| 2. Undertake annual reviews on all dementia patients | Target – 80% |
| 3. Physical health checks for MH patients | Target – 80% |
| 4. Record the status of Military Veterans | |

Most elements can be undertaken by telephone consultation

Suspend the following elements until April 2021

- MH physical health checks – all components need a F2F contact
- BP, blood tests, pulse check and BMI

Revised assessment to include:

- **Dementia:**
 - Opportunistic screening
 - Mental capacity
 - Discussion about – carer info, flu vaccination, medication compliance,
 - Undertake frailty assessment for Rockwood scoring
 - Undertake depression screening
 - Advance care planning
- **Military veterans**
 - Record status when identified

Revised KPI

- | | |
|---|-------------------|
| 1. Achieve expected dementia prevalence | Target 80% |
| 2. Annual review on dementia patients | Target 80% |



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Standard 5 – Demand Management

Original KPI 2020 – 2021

- Reduce 1st Outpatient appointments

Maintain position as at March 2019

Rationale: This is difficult to assess

Suspend this Standard until April 2021



Standard 6 – Health Improvement

Original KPIs 2020 – 2021

1. Raise awareness of alcohol harm	Target – 62%
2. Recording BMI	Target – 70%
3. NHS Health Check and discussion of risk	Target – 82%
4. CVD High Risk Annual review	Target – 80%
5. Pulse Checking aged 65 years and over	Target – 80%
6. Screening for diabetes/at risk of diabetes	Target – 88%
7. Record Smoking status	Target – 82%

Only elements which can be undertaken by telephone consultation

Suspend the following elements until April 2021

1. Recording BMI
2. NHS Health Check
3. CVD High Risk review
4. Pulse Checking
5. Screening for diabetes

Revised assessment to include:

- **Alcohol**
Undertake both AUDIT C & AUDIT 10
- **Smoking status**
Record smoker/non-smoker/ex-smoker/vaper

Revised KPI

1. Raise awareness of alcohol harm	Target 80%
2. Record smoking status	Target 80%



Standard 7 – Long Term Conditions *Best Care*

Original KPIs 2020 – 2021

• AF	500
• ASTHMA (all ages)	400
• CKD	400
• COPD	480
• DIABETES	710
• HF	450

Only what can be undertaken by telephone consultation

Suspend the following elements until April 2021

- All Best Care scores

Revised KPIs

• Asthma (all ages)	Asthma Control test score
• COPD -	COPD annual review
• HF -	HF annual review
• AF -	AF annual review
• Diabetes -	Diabetes Clinical Management Plan
• CKD -	CKD annual review

New system codes will be needed - to be advised



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Standard 8 – Membership Engagement

Original KPIs 2020 – 2021

1. Cancer	e-learning module
2. Clinical Audit	submit 2 audits to the CCG
3. Emergency Planning	submit a plan to the CCG
4. End of Life	one audit
5. Incident reporting	send 2 incidents per WTE
6. Monitoring & Reporting	submit quarterly data to the CCG as requested
7. Patient Participation	hold 2PPGs either F2F or virtual
8. Practice Engagement	attend all CCG events, and a GP to attend 5/6 Clinical Lead meetings
9. Safeguarding	complete the GPSGAA and attend event
10. Transfer of Care	accept as agreed by CSB
11. Workforce Audit	undertake an annual CCG audit

Can be undertaken either in the practice or virtually

Revised KPIs

1. Cancer	e-learning module
2. Clinical Audit	submit 1 audit to the CCG
3. Emergency Planning	submit a plan to the CCG by the end of December 2020
4. End of Life	undertake 1 audit
5. Incident reporting	send 1 incident per WTE
6. Monitoring & Reporting	submit data and information to the CCG as requested
7. Patient Participation	hold 1 PPG either F2F or virtual
8. Practice Engagement	attend all CCG events, a GP to attend 5/6 Clinical Lead meetings
9. Safeguarding	complete the GPSGAA
10. Transfer of Care	accept as agreed by CSB
11. Workforce Audit	undertake 1 workforce audit



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Standard 9 - Prescribing

Original KPIs 2020 – 2021

- Reduction in prescribing spend **either reduce to the 75th centile, or reduce by 5% or maintain**
- Reduction in antibiotic prescribing **Reduce by 4%**
- Reduction in % high risk antibiotic prescribing **Reduce by 10%**

Difficult arena at the moment

Suggested revised KPIs

1. No reduction in prescribing spend

No growth figures have been published as yet

Proposal will be to set a budget allowing for the historical increase of 3.7% if we get no further information

2. Overall Antibiotic prescribing

We intend to look at the most up to date figures during the COVID-19 pandemic, before coming to a figure - which again will not be looking for a reduction

3. High risk antibiotic prescribing

Again, we again we will be looking at rates of prescribing during the COVID-19 months before considering this arena



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Supporting practices to re-set the BQC

The HIPs

- Have been mobilised to various settings across the system during COVID
- But should be back working as part of the surgery team within the next couple of months
- They will be available to support you to do many elements of this work



Revised KPIs for 2020 – 2021

	Original KPI % 2020	Revised KPI% – 6 months
1. Access to General Practice	6% (for Access)	1%
2. Ageing Well	20%	22%
3. Carers	2%	5%
4. Defined Patient Groups	3%	3%
5. Demand Management	1%	0%
6. Health Improvement	22%	22%
7. Long Term Conditions – Best Care	12%	15%
8. Membership Engagement	Mandatory Standard	
9. Prescribing	34%	32%
TOTAL	100% (of the 40%)	



Contract basis

The Principle 2020 - 2021

- **60% guaranteed payment – allocated for**
 - **Signing up to the contract**
 - **Implementation of delivery aspects**
 - **Delivering the mandated standard**

- **40% - achievement of the KPIs – allocated to**
 - **Reflect the triple aim of value for money, improved population health and better quality and patient experience of care**



Penalties

The Penalties

1. **5% penalty** – for not attending the required number of Clinical Lead meetings, or missing CCG events
2. **1% penalty** – for non-compliance with any other mandatory element (each individual KPI will attract a 1% penalty)

Please note:

A practice will not be subject to more than a total 10% penalty if they fail a number of elements



Finance

- It is being proposed that the total resource allocated to member practices for the 12 month Bolton Quality Contract 2020-2021, will be available for the 6 month work programme.
- For 2020-2021 practices will receive the difference between their 'core' price per patient, and a minimum offer of £110.91 per weighted patient (as advised by Kath Oddi 19 June 2020)



Timescales

1. 8 & 15 July 2020

Consultation with Clinical Leads – presentation of a draft 6 month work programme (BQC)

2. 31 July 2020

Clinical leads to consult with their own practices and to send feedback to the CCG by the end of July 2020

3. 13 August 2020

Final draft of a 6 month BQC presented to the PCCC for approval

4. 11 September 2020

Finalised 6 month BQC to be ratified by the CCG Board



Bolton Quality Contract Proposals 2020/21

Membership Consultation

Throughout July, the Primary Care Development Team have undertaken a consultation with member practices (at clinical leads meeting and practice managers), LMC and CCG exec. All comments received to 31/07/20 are included in this paper

The following table is a summary of the comments received:

Standard	Comments
1. Access	Concerns about slot utilisation as patients don't want to come into practice
2. Ageing Well	Can HIPs support ageing well assessments? Patients 65 to 75 should not be referred for DEXA scan if indicated at least until April 2021
3. Carers	Can HIPs support carers health checks?
4. Defined Patient Groups	Dementia Prevalence – difficult to achieve / maintain as long wait for Memory Assessment Clinic
5. Demand Management	Patients are waiting longer to be seen at the hospital
6. Health Improvement	General agreement about telephone assessments where possible
7. Long-Term Conditions – Best Care	Lack of detail on Best Care KPIs
8. Membership Engagement	Virtual meeting are plausible for meetings
9. Prescribing	Antibiotic prescribing may increase due to situation and telephone consultations Can we include bisphosphonate prescribing in this standard Targets are getting harder
Other suggestions	Include Ethnicity reporting in BQC
General Comments	<ul style="list-style-type: none"> • General agreement on proposals • Standards and proposals felt to be realistic • Would like any work undertaken in the first 6 months to be included as some practices have still been doing this work, albeit, opportunistically • Can CCG support additional text messaging costs? This can be used to collect lifestyle

	<p>information</p> <ul style="list-style-type: none">• As we move to more telephone assessments, concern over telephone capacity• Will there be another review, should a second wave appear?• Difficulty in achieving some KPIs during the months where the practices are doing Flu Vaccs and diverting staff to support this• Penalty for non-attendance should not be 5% of total BQC payment as it is sometimes difficult for smaller practices
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Recommendations:

Primary Care Development to undertake a further review of proposals and take through CCG Executive and PCCC for final proposals to be agreed on 11th September at CCG Board.

The BQC will then commence as planned on 1st October 2020.

CCG Primary Care Commissioning Committee

AGENDA ITEM NO:5.....

Date of Meeting:13th August 2020.....

TITLE OF REPORT:	BQC - End of Year Report
AUTHOR:	Lesley Hardman
PRESENTED BY:	Lynda Helsby
PURPOSE OF PAPER:	
To update the PCCC on the end of year achievements for the 2019 – 2020 Bolton Quality Contract.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	
None.	
RECOMMENDATION(s)	
<ul style="list-style-type: none"> • Note the outcomes and achievements of the BQC 2019 – 2020 • Recommend the continuation of the BQC to NHS Bolton CCG Board 	

The Bolton Quality Contract – 2019 - 2020 Outcome Report

Executive Summary

The Bolton Quality Contract (BQC) was designed to deliver a step-change improvement in a variety of standards, over and above the core GMS/PMS contract.

In November 2014, NHS Bolton CCG Board agreed to the development of a local Contract, which would aim to reduce the variation in access to GP services. This would be achieved through delivery of a set of quality standards, with associated key performance indicators. Addressing variation across primary medical care provision is directly in accordance with the *Primary Care Strategy* for NHS Greater Manchester. The Greater Manchester Area Team (GMAT), for NHS England (NHSE), welcomed the opportunity to work with colleagues in Bolton to support development of the BQC.

The BQC supports general practice to improve performance across a range of indicators, and to develop their services to be consistent with the very best across the borough. It is vital that practices improve standards to be responsive to patient need. This also ensures that patients are treated outside of hospital, whenever appropriate.

The Contract provides a guaranteed income per patient, and incentives for delivery of a set of Standards.

This investment requires:

- A step-change improvement in quality
- Increase in capacity in General Practice to help deliver the services offered to Bolton people
- Support for the delivery of the Greater Manchester Strategy for Primary Care
- Improved population health, better quality and patient experience of care and value for money
- Incorporation of all local contracts with General Practice (except the most specialist)
- A consistency of offer to Bolton people, no matter which Practice they are registered with
- Improved access to General Practice - a commissioning priority identified through public consultation with Bolton people

The intention is for the BQC to pay for itself, with the potential to deliver 100% return on investment in year. In addition, longer term benefits to population health can be achieved by focussing on prevention and early intervention.

Oversight of the Contract was delegated to the Primary Care Commissioning Committee (PCCC). This regulates against any conflicts of interest which may arise.

This paper provides an overview of the delivery of the Bolton Quality Contract in 2019-20. It highlights key health and financial outcomes.

1. The Bolton Quality Contract

In April 2019, practices received baseline reports. The baseline reports provided an indication of the amount of work practices would need to undertake to achieve their targets.

Progress reports have been provided to practices on a quarterly basis. This has enabled them to keep abreast of their progress against individual KPIs.

The Primary Care Team visited practices during the year, up to March 2020, to discuss progress across the range of standards, and share good practice.

Contract basis

The Bolton Quality Contract is mutually dependent on the core GMS, PMS and APMS contracts. The payment to practices is the difference between core contract and £110.70

The funding is split between process and delivery:

- 60% guaranteed (paid in advance at the beginning of each quarter)
- 40% payment for achievement of KPIs

KPIs and incentive payments reflect the overall aims of the BQC for value for money, improved population health and better quality and experience of care.

KPIs are set to encourage all practices to improve. Deprivation, ethnicity and age are taken into account when setting the KPIs. A peer cluster methodology is used to benchmark practices against others with similar populations.

Each KPI is weighted. It is not 'all or nothing' for payment. A sliding scale for achievement - 25%, 50%, 75%, 100% - has been approved.

Final outcomes and KPI achievements were sent to practices in June 2020.

An appeals process has been organised, as per previous years. This is overseen by the PCCC.

Quality Standards

There were 9 Standards for 2019 – 2020:

1. Access
2. Ageing Well
3. Carers
4. Defined Patient Groups
5. Demand Management
6. Health Improvement
7. Long Term Conditions – Best Care
8. Membership Engagement
9. Prescribing

Full details of all the Standards can be accessed at:

<http://www.boltonccg.nhs.uk/staff-zone/primary-care/bolton-quality-contract>

Outcomes for 2019 - 2020

1. Access to General Practice

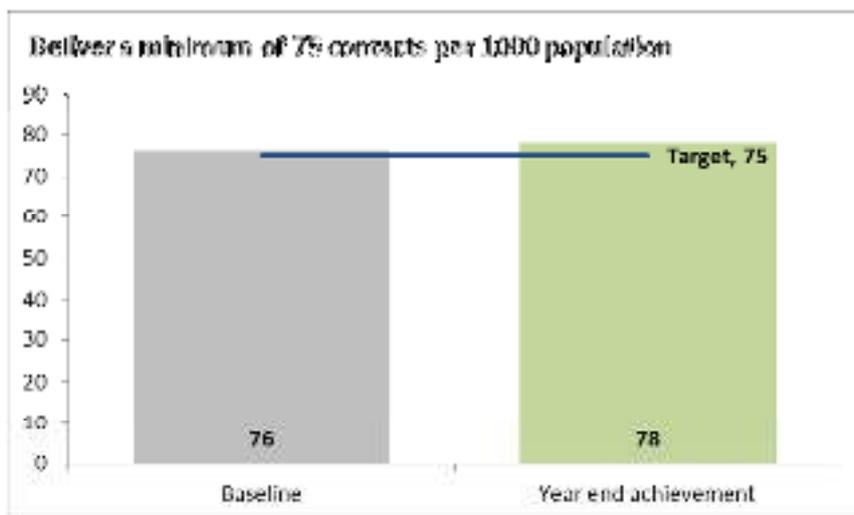
This Standard aims to improve a patient's ease of access to general practice.

KPIs:

- Deliver 75 contacts per 1000 population
- Reduce Out of Hours attendances by 1%

KPI outcomes 2019 - 2020:

1. **Access Audit** - An audit was undertaken in November 2019 by the CCG, in collaboration with the Practice Manager at each practice.



Target – 75 contacts per 1000 population

Achievement – 78 contacts per 1000 population

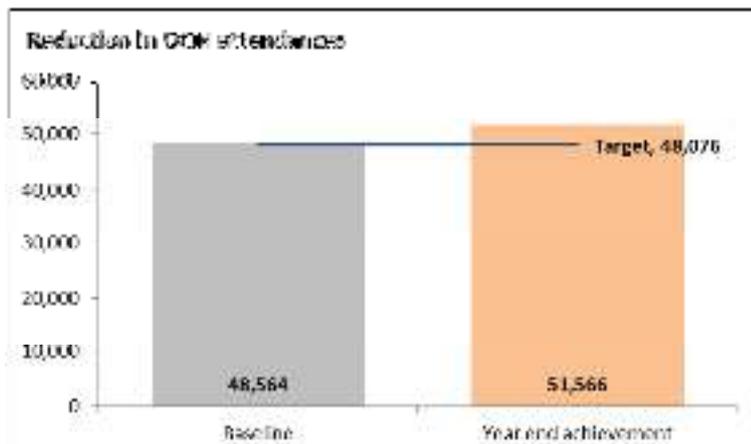
Other highlights:

- All Practices are open 8.00 - 6.30 Monday to Friday
- 35 out of 49 practices achieved 75 contacts per 1000 population
- 25,898 appointments were offered in an average week, equating to 1.35m in a full year
- On average, 24,389 appointments per week were taken up (94%), equating to 1.27m in a full year

However:

- 4.5% of appointments - DNA'd
- 5.8% of slots were left empty

2. Reduce Out of Hours Attendances



Target – 1% reduction
Achievement – 6% increase

2. Ageing Well

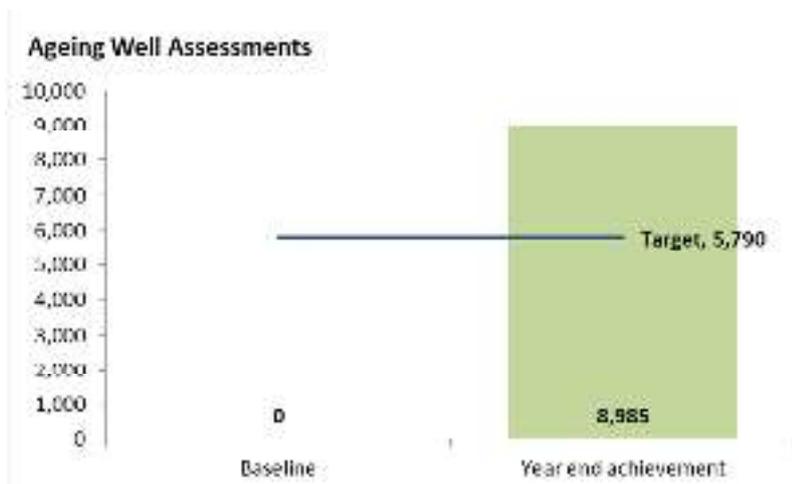
This Standard aims to offer people between the ages of 65 – 74 years of age a healthy aging assessment to try and keep people fit and healthy for as long as possible, and also delay the development of frailty.

KPI:

- Offer everyone between the ages of 65 – 74 years a health ageing assessment every 3 years – Target 20%

KPI outcomes 2019 - 2020:

1. Offer an ageing well assessment to all patients between the ages of 65 and 74 years



Target – 20%
Achievement - 31%

Other highlights:

- 75% of patients aged 65-74 had a pulse check recorded
- 69% of patients aged 65-74 had a flu vaccination
- 28% of patients aged 65-74 had an initial memory assessment
- 27% of patients aged 65-74 had their medication compliance checked

3. Carers

This Standard aims to improve identification of Carers, and to provide them with an annual health check.

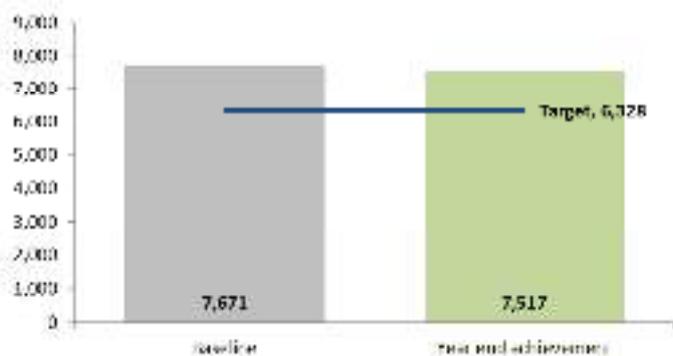
KPIs:

- Improve the carers register – achieve 2% of the list size
- Undertake an annual health check on all carers

KPI outcomes 2019 - 2020:

1. Develop the carers register

Development of carers register



Target – 2%

Achievement - 2.4%

2. Annual health check for carers

Annual Health Checks for Carers



Target – 80%

Achievement – 71.7%.

Gap - 624 patients

Highlights:

- 49 Practices (100%) have identified a Carers Champion – these are either PNs, HCAs or admin/reception staff
- 49 Practices (100%) are using the Carers electronic referral form on the Practice system

4. Defined Patient Groups – Dementia, Mental Health, Learning Disability & Military Veterans

Early identification of dementia can help people get support, treatment and plans in place. A timely diagnosis can help people stay well for longer.

The dementia annual review is not only a crucial element in delivering improved care for all Bolton's dementia patients. It also provides much needed reassurance to the patient's family/carer.

Proactive physical health care for MH and LD patients can prevent emergency situations from arising, and allow early identification of undetected and unmet health needs. This should lead to fewer unplanned hospital admissions and A&E attendances for this group of patients.

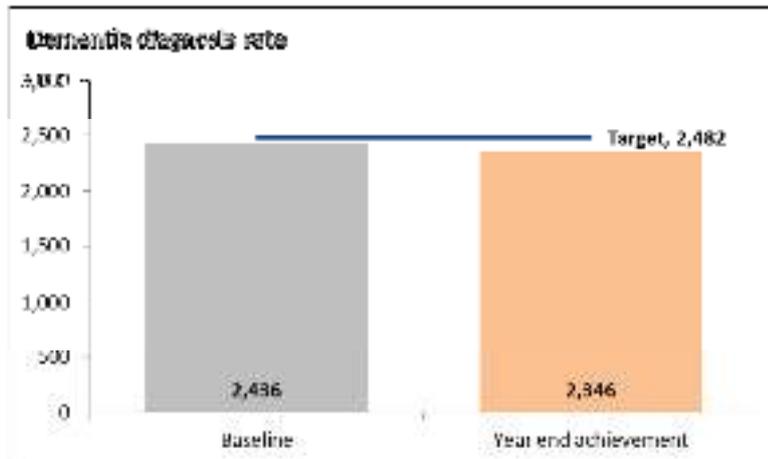
People with learning disabilities have poorer health compared to the general population, yet are less likely to access healthcare. Early identification of ill health such as mental illness and CVD would support this group to live longer healthier lives. The importance of a physical health check cannot be overstated.

KPIs:

- Improve dementia prevalence to the expected level (as per national modelling)
- Undertake an annual review on all dementia patients
- Undertake an annual physical health check on all MH patients
- Undertake an annual physical health check on all LD patients

KPI outcomes 2019 - 2020:

1. Improved identification of dementia patients



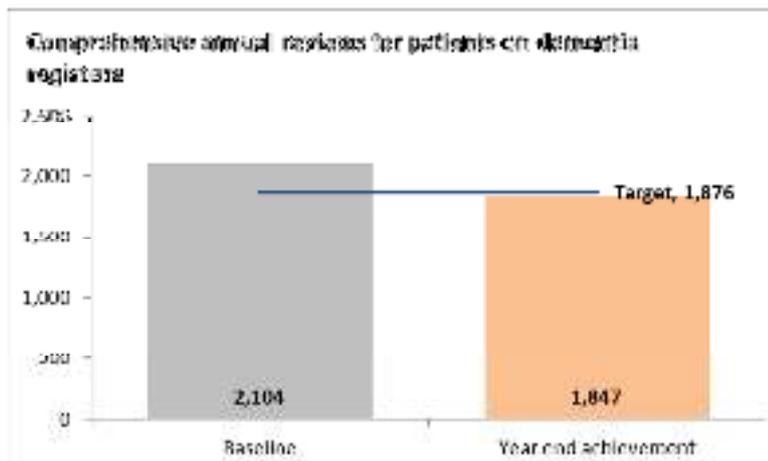
Target – 80% (of expected prevalence)

Achievement – 75.7%.

Gap - 136 patients

Highlight - Bolton's identification rate is well above the national average of 67.6%.

2. Comprehensive annual reviews for dementia patients

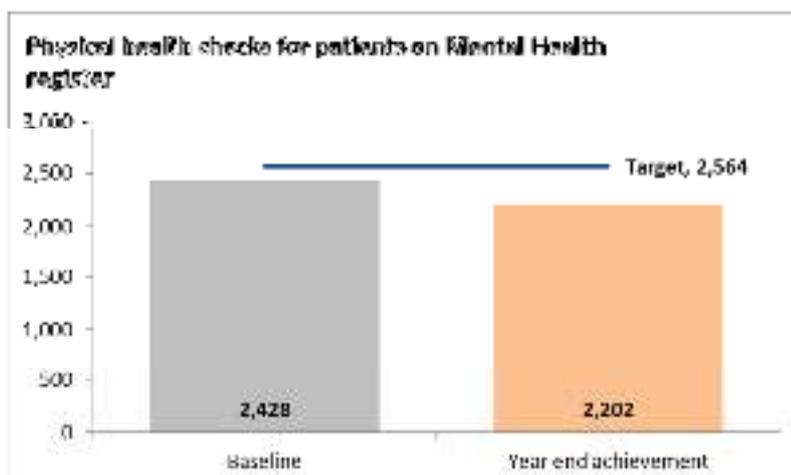


Target – 80% (of register size)

Achievement – 78.7%

Gap - 29 patients

3. Physical health checks for mental health patients

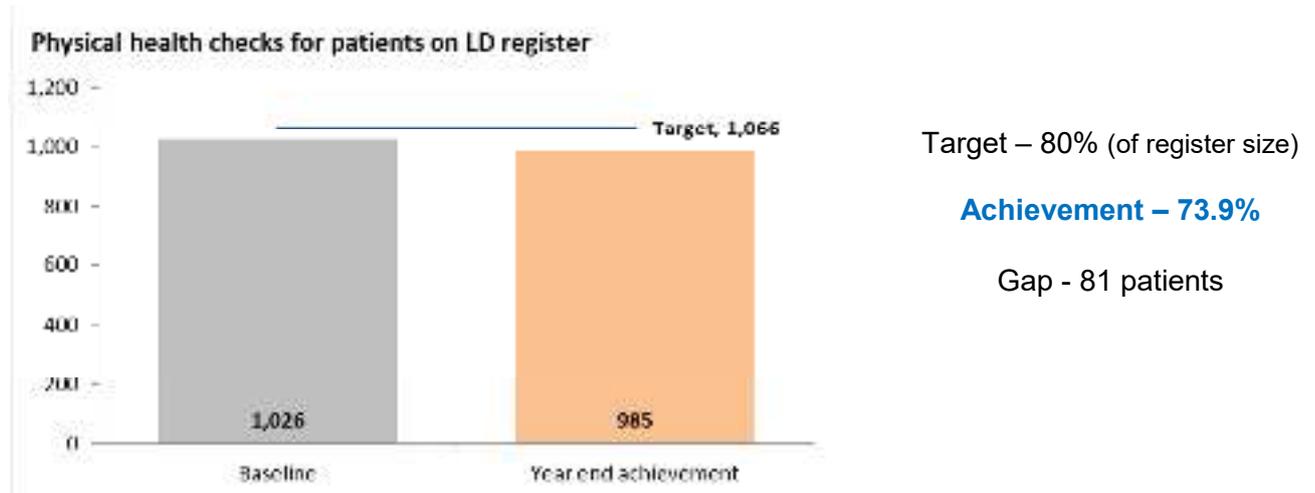


Target – 80% (of register size)

Achievement – 68.6%

Gap - 362 patients

4. Physical health checks for patients with learning disabilities



5. Demand Management

Practices are expected to follow locally developed pathways to support them to make decisions which could reduce unnecessary referrals to secondary care.

KPI:

- Reduce unnecessary first outpatient appointments by 1%

KPI outcome 2019 - 2020:

1. Reduce 1st outpatients



Highlight – The actual overall reduction since the BQC started is -10.7%.

6. Health Improvement

Bolton has a track record of successfully delivering population level health improvement initiatives. The aim was to improve on previous achievements by delivering against 5 different KPIs:

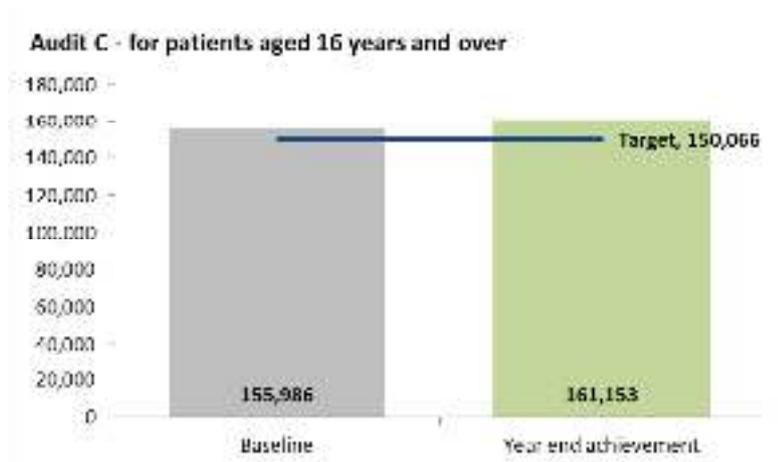
1. Alcohol awareness – 16 years and over
2. BMI recording – 16 years and over
3. NHS Health Checks – 40-74 years
4. Recording smoking status – 16 years and over
5. Screening for Diabetes/At risk of Diabetes/NDH – 40 years and over
6. Supporting patients at high risk ($\geq 20\%$) of CVD) - 40 years and over

KPIs:

- AUDIT C – achieve 60% uptake
- BMI – Achieve 65% uptake
- NHS Health Checks – achieve 82% uptake
- Recording smoking status - achieve 82% uptake
- Screening for Diabetes/At risk of Diabetes/NDH – achieve 86% uptake
- Supporting patients at high risk CVD – achieve 80% uptake

KPI outcomes 2019 - 2020:

1. Alcohol awareness – AUDIT C – 16 years and over

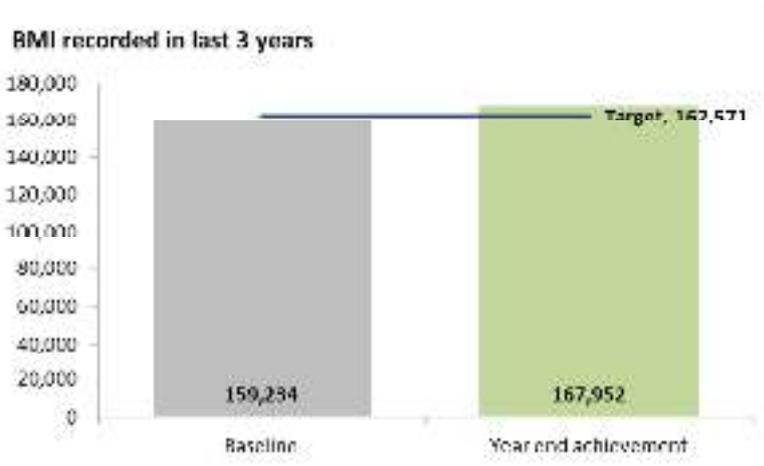


Target – 60% uptake

Achievement – 64.4%

Highlight: Improvement from 63.1% in 2018/19

2. BMI recording – 16 years and over

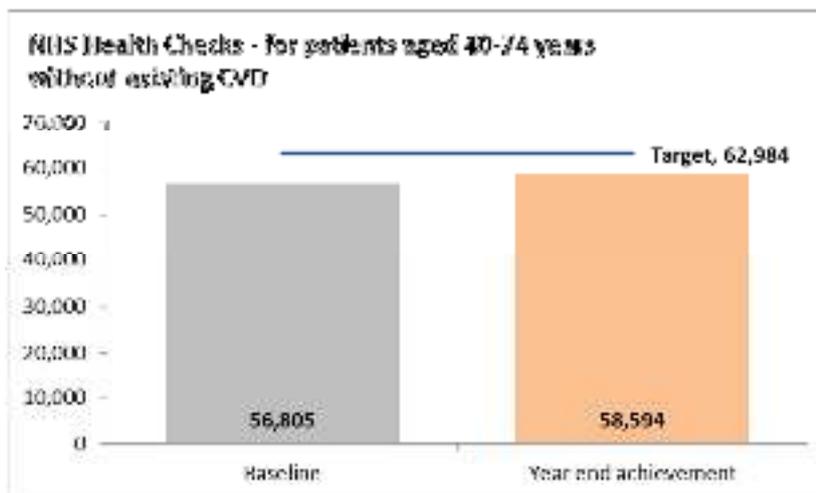


Target – 65% uptake

Achievement – 67.2%.

Highlight: Improvement from 64.4% in 2019/20

3. NHS Health Checks – 40 – 74 years



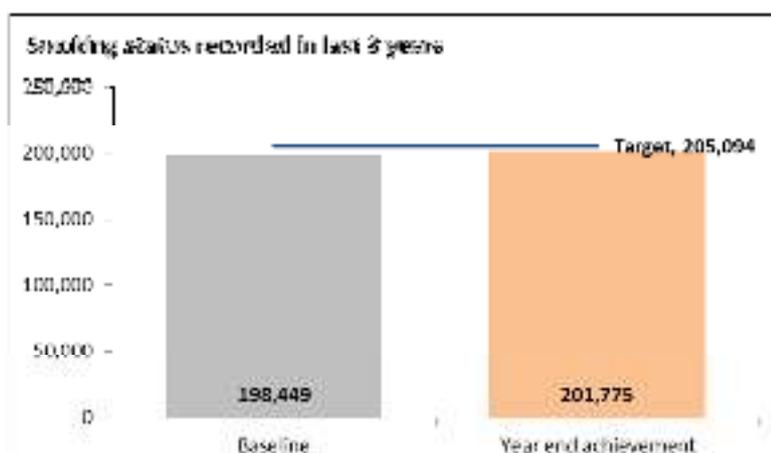
Target – 82% uptake

Achievement – 76.3%

Gap - 4,390 patients

Highlight: Improvement from 74.8% in 2018/19

4. Recording smoking status – 16 years and over

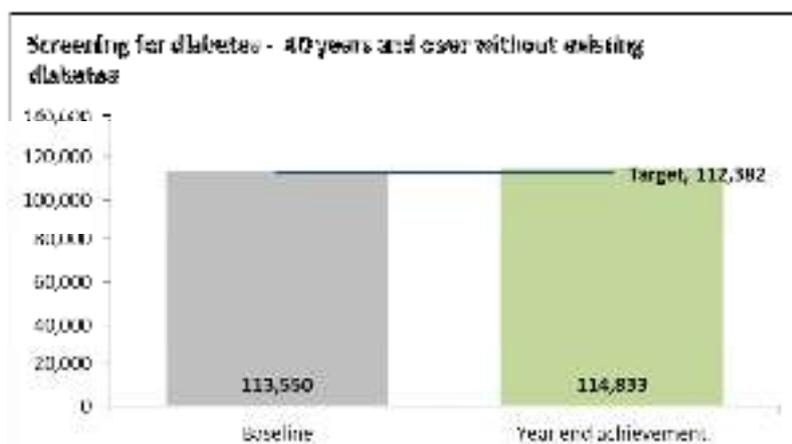


Target – 82% uptake

Achievement – 80.7%

Gap – 3,319 patients

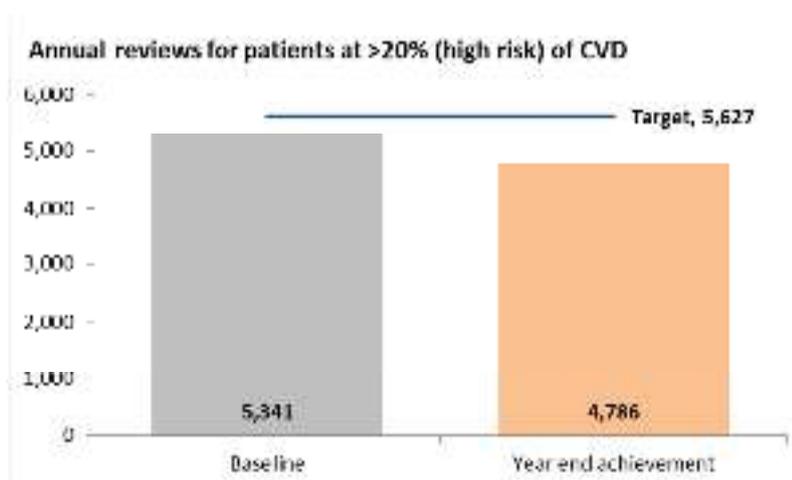
5. Screening for diabetes/at risk of diabetes/NDH – 40 years and over



Target – 86% uptake

Achievement – 87.9%

6. Annual reviews High Risk CVD patients ($\geq 20\%$ QRisk) – 40 years and over



Target – 80% uptake

Achievement – 68%

Gap – 841 patients

Comment: There is a lot more work to do to match the 2015-2016 achievement of 84.4%.

7. Long-Term Conditions – Best Care

This Standard aims to deliver the very best care to patients that have an established long-term condition.

Practices have a KPI to improve their Best Care scores.

KPIs:

- AF Score 500
- Asthma (Children) Score 400
- Asthma (Adults) Score 400
- CKD Score 400
- COPD Score 480
- Diabetes Score 710
- Heart Failure Score 450

KPI Outcomes 2019 - 2020:

	Target	2018/19	2019/20
Improve Best Care scores in Asthma - CHILDREN (5 -11 yrs)	400	336	337
Improve Best Care scores in Asthma - ADULTS (>=12 yrs)	400	357	344
Improve Best Care scores in AF	500	449	458
Improve Best Care scores in CKD	400	368	380
Improve Best Care scores in COPD	480	431	450
Improve Best Care scores in Diabetes	710	691	669
Improve Best Care scores in Heart Failure with LVD	450	405	397

Highlights: Improvements from 2018/19 in AF, CKD and COPD.

Comments: Achievement scores in Diabetes, HF and Asthma (>=12 yrs) reduced from the previous year.

8. Membership Engagement (Mandatory)

Membership at Clinical Leads meetings and CCG events are essential for clinicians to keep up to date with local and national issues, facilitate engagement and 2 way communication.

In 2019 – 2020 49 practices were signed up to the BQC.

KPIs:

- Undertake 2 clinical audits per year, as determined by the CCG
- Submit quarterly data to the CCG
- Develop/revise a Business Continuity Plan and send to the CCG
- A GP from the practice to attend 9/11 Clinical Leads meetings
- One representative from the practice to attend all CCG Events
- A GP and Practice Manager to attend monthly neighbourhood meetings
- Provide a phlebotomy service for patients aged 12 years and over
- Undertake an annual workforce audit
- Hold 1 Patient Participation Group (PPG) either face to face or virtual

Process outcomes include:

Clinical Audits

- 100% (49) Practices submitted clinical audits when requested by the CCG

Data submissions

- 100% (49) Practices submitted data quarterly

Emergency Planning

- 100% (49) Practices sent a Business Continuity Plan to the CCG

Engagement

- 94% (46) Practices attended 9 out of 11 Clinical Leads Meetings
- 96% (47) Practices attended all CCG Events

Phlebotomy

- 100% (49) Practices provide phlebotomy for patients aged 12 years and over

Workforce Audit

- 100% (49) Practices undertook a workforce audit when requested by the CCG

PPGs

- 86% (42) Practices held at least 1 PPG in the year

9. Prescribing

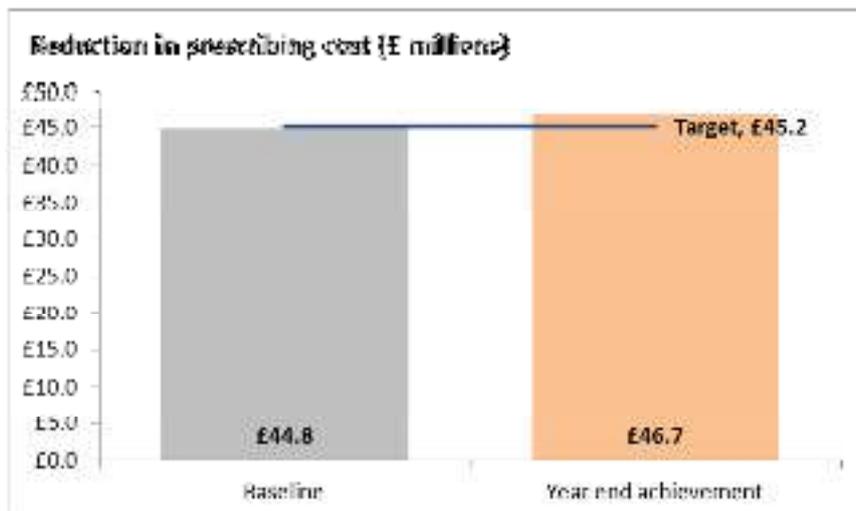
This Standard expects practices to focus on safe, cost effective prescribing and to reduce waste.

KPIs:

- Reduce prescribing spend – to 75th centile, or reduce by 5%, or maintain
- Reduce overall antibiotic prescribing by 4%
- Reduce high risk antibiotic prescribing by 10%

KPI Outcomes 2019 - 2020

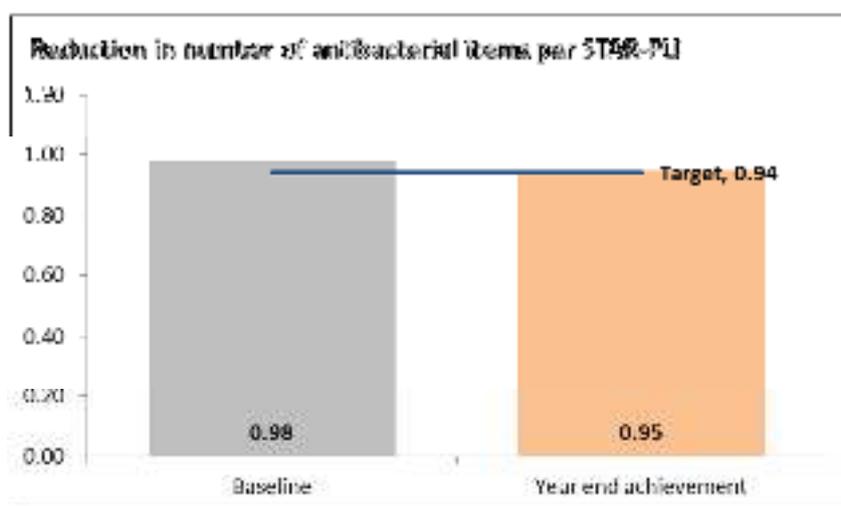
1. Reduce overall prescribing spend



Target – £45.2m
Achievement – £46.7m
 Gap £1.5m*

*This is largely attributable to CAT M drugs which Primary Care has no control over.

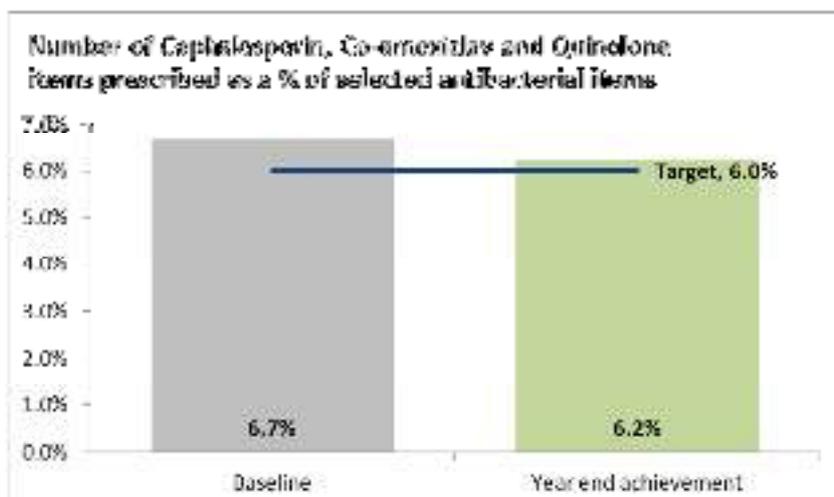
2. Reduce overall antibiotic prescribing



Target – 0.94 per STAR-PU
 (4% reduction from baseline)

Achievement – 0.95 (2.9% reduction)

3. Reduce high risk antibiotic prescribing



Target – 6.0% (reduction of 10% from baseline)

Achievement – 6.2% (actual reduction of 6.7%)

Comment: Reduction of 6.7% against a target reduction of 10%.

Overall Bolton achievement

Included in the 2019 - 2020 BQC, there were 26 KPIs per Practice. This equates to 1,274 KPIs in total across 49 practices.

The table below shows the number of Practices achieving 100% of the target, a sliding scale payment or no payment for each KPI.

Bolton Quality Contract 2019/20				
Number of practices achieving each KPI - AFTER ADJUSTMENT FOR COVID				
		Number of practices achieving 100%	Number of practices receiving a sliding scale payment	Number of practices not receiving any payment
Standard 1 - Access				
	Reduction in OOH attendances	47	0	2
	Deliver a minimum of 75 contacts per 1000 population	42	5	2
Standard 2 - Ageing Well				
	Undertake Ageing Well assessments for patients aged 65-74 years	48	1	0
3 - Carers				
	Development of carers register	48	1	0
	Annual Health Checks on Carers	43	4	2
Standard 4 - Defined Patient Groups				
	Dementia diagnosis rate	31	6	12
	Comprehensive annual reviews for patients on dementia registers	47	0	2
	Physical health checks for patients on Mental Health register	41	3	5
	Physical health checks for patients on LD register	41	2	6
Standard 5 - Demand Management				
	First outpatient attendances	45	0	4
Standard 6 - Health Improvement				
	NHS Health Checks - for patients aged 40-74 years without existing CVD	32	11	6
	Audit C - for patients aged 16 years and over	43	3	3
	Screening for diabetes - 40 years and over without existing diabetes	42	5	2
	Annual reviews for patients at >20% (high risk) of CVD	38	7	4
	BMI recorded in last 3 years	37	8	4
	Smoking status recorded in last 3 years	39	7	3
Standard 7 - Long Term Conditions				
	Improve Best Care scores in AF	36	8	5
	Improve Best Care scores in Asthma - CHILDREN (5 -11 yrs)	36	7	6
	Improve Best Care scores in Asthma - ADULTS (>=12 yrs)	41	3	5
	Improve Best Care scores in CKD	40	6	3
	Improve Best Care scores in COPD	33	8	8
	Improve Best Care scores in Diabetes	43	4	2
	Improve Best Care scores in Heart Failure with LVD	37	9	3
Standard 9 - Prescribing				
	Reduction in prescribing cost	38	9	2
	Reduction in number of antibacterial items per STAR-PU	48	0	1
	Number of Cephalosporin, Co-amoxiclav and Quinolone items prescribed as a % of selected antibacterial items	43	2	4

3. Finance

The funding was refreshed for 2019 - 2020 to reflect the latest average weighted list sizes for each practice, as agreed by the Primary Care Commissioning Committee.

It was also agreed that 60% would remain guaranteed funding, and 40% available for achievement of KPIs.

Total Funding for 2019 - 2020

The total funding for the Bolton Quality Contract for 2019/20 was £6,014,567 plus £956,718 for New Ways of Working (NWoW). As agreed by PCCC, this was an addendum to this contract in 2019/20. The total funding available including NWoW was £6,971,285.

	Available Funding for BQC (£)
Core Payment - 60%	3,612,200
KPI Payments - 40%	2,402,367
Total BQC	6,014,567
New Ways of Working	956,718
Total Available Funding	6,971,285

Payments 2019 - 2020

The tables below show the BQC and NWoW payments to be made to practices, including the adjustments made to the KPI achievement rates in light of the COVID-19 response:

	Payment (£)	Under achievement (£)
BQC Core Payment - 60%	3,612,200	
BQC KPI Payment - 40%	2,073,387	-328,980
Total payments – as at July 2019	5,685,587	
Add Disputes Approved (August 2019)	607	607
Less penalties for mandatory standards	-35,648	-35,648
Total BQC	5,650,546	-364,021

*These are subject to change depending on decision on appeals at PCCC.

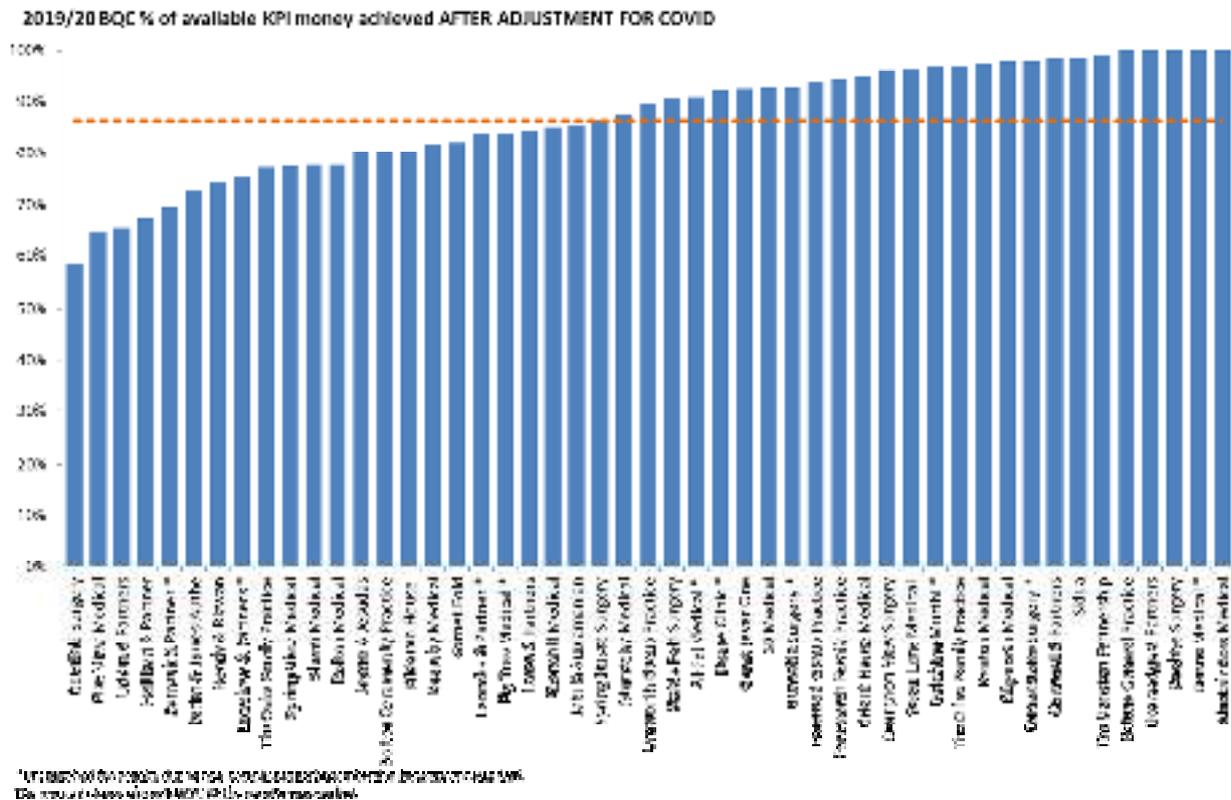
	Payment (£)	Under achievement (£)
New Ways of Working	578,882	
NWoW KPI	281,656	
Total payments – as at July 2019	860,538	-96,180

The table below shows a league table of the total amount paid to individual practices as a % of the finance available for KPIs.

After adjustment for Covid

Rank	Practice code	Practice name	Total KPI payment	Total available	% of KPI money received
1	P82030	Deane Medical *	£ 26,589	£ 26,589	100.0%
1	Y02319	Bolton General Practice	£ 37,809	£ 37,809	100.0%
1	P82616	Beehive Surgery	£ 23,856	£ 23,856	100.0%
1	P82018	Alastair Ross Medical	£ 51,118	£ 51,118	100.0%
1	P82643	Liversedge & Partners	£ 48,037	£ 48,037	100.0%
6	P82001	The Dunstan Partnership	£ 82,313	£ 83,145	99.0%
7	P82625	Sidda	£ 13,284	£ 13,486	98.5%
7	P82002	Counsell & Partners	£ 58,067	£ 58,951	98.5%
9	P82627	Cornerstone Surgery *	£ 23,463	£ 23,942	98.0%
9	P82034	Edgworth Medical	£ 24,569	£ 25,071	98.0%
11	P82031	Heaton Medical	£ 83,326	£ 85,462	97.5%
12	Y03366	The Olive Family Practice	£ 30,405	£ 31,346	97.0%
12	P82629	Dakshina-Murthi *	£ 16,046	£ 16,542	97.0%
14	P82004	Swan Lane Medical	£ 65,967	£ 68,359	96.5%
15	P82607	Crompton View Surgery	£ 39,236	£ 40,764	96.3%
16	P82624	Orient House Medical	£ 22,480	£ 23,789	94.5%
17	P82652	Farnworth Family Practice	£ 27,417	£ 29,168	94.0%
18	P82016	Harwood Group Practice	£ 87,040	£ 92,843	93.8%
19	Y00186	3D Medical	£ 8,169	£ 8,832	92.5%
19	P82025	Burnside Surgery *	£ 33,419	£ 36,129	92.5%
21	P82633	Great Lever One	£ 17,618	£ 19,098	92.2%
22	P82660	Deane Clinic *	£ 19,829	£ 21,553	92.0%
23	P82640	Al-Fal Medical *	£ 22,048	£ 24,296	90.8%
24	P82005	Stable Fold Surgery	£ 48,801	£ 53,924	90.5%
25	P82015	Unsworth Group Practice	£ 149,053	£ 166,540	89.5%
26	P82023	Mandalay Medical	£ 65,392	£ 74,734	87.5%
27	P82014	Spring House Surgery	£ 44,986	£ 52,007	86.5%
28	P82036	Jain & Subramanian	£ 18,025	£ 21,082	85.5%
29	P82008	Stonehill Medical	£ 93,942	£ 110,520	85.0%
30	P82011	Lowe & Partners	£ 45,813	£ 54,216	84.5%
31	P82013	Loomba & Partner *	£ 24,685	£ 29,387	84.0%
31	P82037	Fig Tree Medical *	£ 32,980	£ 39,262	84.0%
33	P82009	Garnet Fold	£ 45,048	£ 54,937	82.0%
34	P82007	Kearsley Medical	£ 89,893	£ 109,961	81.8%
35	P82003	Kildonan House	£ 98,750	£ 123,053	80.3%
36	P82029	Jeyam & Jesudas	£ 21,890	£ 27,363	80.0%
36	Y03079	Bolton Community Practice	£ 80,265	£ 100,332	80.0%
38	P82609	Shanti Medical	£ 33,063	£ 42,661	77.5%
38	Y02790	Bolton Medical	£ 35,355	£ 45,619	77.5%
40	P82613	Spring View Medical	£ 29,393	£ 38,049	77.3%
41	P82021	The Oaks Family Practice	£ 38,654	£ 50,200	77.0%
42	P82012	Earnshaw & Partners *	£ 38,530	£ 51,203	75.3%
43	P82022	Hendy & Rizwan	£ 26,718	£ 36,105	74.0%
44	P82634	Karim & James-Authe	£ 21,445	£ 29,477	72.8%
45	P82033	Zarrouk & Partner *	£ 11,315	£ 16,281	69.5%
46	P82020	Hallikeri & Partner	£ 24,421	£ 36,180	67.5%
47	P82626	Uddin & Partners	£ 22,281	£ 33,888	65.8%
48	P82006	Pike View Medical	£ 39,306	£ 60,704	64.8%
49	P82010	Dalefield Surgery	£ 31,880	£ 54,496	58.5%
			£ 2,073,994	£ 2,402,367	86.3%

The graph below provides an alternative view of the total amount paid to individual practices as a % of the finance available for KPIs.



4. Appeals

Final outcomes and KPI achievements were sent to Practices in July 2020.

An appeals process has been set up, and Stage 1 is complete. The Primary Care Commissioning Committee has oversight of this process.

The Process

- Stage 1 – Informal disputes have been reviewed by the Primary Care Team and resolved locally where possible
- Stage 2 – Formal appeals are to be reviewed by the Primary Care Commissioning Committee on Thursday 13th August 2020.

Stage 1 Disputes Received

The Primary Care Team received 13 separate disputes, from a total of 11 practices.

Reasons for disputes include:

- CCG errors
- Prescribing spend
- Data errors
- 5% penalty application

Four of these disputes were resolved through minimal investigations by the Primary Care Team.

Further to Stage 1, 6 disputes (6 practices) have been sent straight to the Stage 2 Appeal Process.

Appeal	Standard
1	Membership Engagement – Hold 1 PPG
2	Membership Engagement – Hold 1 PPG
3	Membership Engagement – Hold 1 PPG
4	Membership Engagement – Hold 1 PPG
5	Membership Engagement – Hold 1 PPG
6	Membership Engagement – attendance at Clinical Leads

2 Practices (a total of 3 disputes), whose disputes were not upheld by the Primary Care Team, were offered the opportunity to move their disputes to the formal Appeals Stage 2. One practice has requested escalation to move to formal appeals stage for consideration by PCCC

Appeal	Standard
1	Dementia Prevalence

Following PCCC discussion, practices will be informed of the final decision.

If a practice is still not satisfied with the outcome decided by the PCCC, they will be offered the opportunity to commence a legal dispute as part of the NHS Standard Contract.

5. The Bolton Quality Contract Going forward

- BQC update to NHS Bolton CCG Board
- NHS Standard Contracts will be re – issued
- Practices will continue to receive a programme of support from the Primary Care Development Team, and other teams such as Business Intelligence and Finance
- Practice performance will be continually monitored throughout the year
- Practices can expect to receive quarterly reports, and any other data and information as required

6. Recommendations

PCCC is asked:

- To note the outcomes and achievements of the BQC 2019 – 2020
- To recommend the continuation of the BQC to NHS Bolton CCG Board