

NHS BOLTON CLINICAL COMMISSIONING GROUP
Public Board Meeting

AGENDA ITEM NO:10.....

Date of Meeting:26th January 2018.....

TITLE OF REPORT:	Bolton Quality Contract: Update on the changes to the 2018/19 Contract	
AUTHOR:	Joanne Taylor, Board Secretary	
PRESENTED BY:	Alan Stephenson, Lay Member and Chair of the Primary Care Commissioning Committee.	
PURPOSE OF PAPER: (Linking to Strategic Objectives)	To update the Board on the recommendations made by the Primary Care Commissioning Committee at the meeting held on 14 th December 2017 when reviewing the proposals for the BQC for 2018/19.	
LINKS TO CORPORATE OBJECTIVES (tick relevant boxes):	Delivery of Year 1 Locality Plan.	
	Joint collaborative working with Bolton FT and the Council.	
	Supporting people in their home and community.	
	Shared health care records across Bolton.	
	Regulatory Requirement	√
Standing Item		
RECOMMENDATION TO THE BOARD: (Please be clear if decision required, or for noting)	The Board is asked to note the decisions made by the Primary Care Commissioning Committee as outlined in the report regarding changes to the 2018/19 Bolton Quality Contract.	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	Primary Care Commissioning Committee.	
REVIEW OF CONFLICTS OF INTEREST:	Conflicts of interest are reviewed at every meeting.	
VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:	Patient views are not specifically sought as part of this report.	
OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:	EIA and an assessment is not considered necessary for the report.	

Bolton Quality Contract (BQC): Update on changes to the 2018/19 Contract

1 Background

- 1.1 At the meeting held on 14th December 2017, the Primary Care Commissioning Committee (PCCC) received a presentation on the proposals for the BQC for 2018/19.
- 1.2 Following the Board's instructions that the BQC should continue for a further year, the CCG's primary care team commenced a full consultation process with the GP membership and Local Medical Committee.

2 Summary

- 2.1 The Committee's attention was drawn to the increasing issues around GP workload and sustainability and the need to take into consideration other initiatives to support the workforce further.
- 2.2 The presentation highlighted the proposal to reduce the current number of standards by including all the mandated standards into the membership engagement standard.

3 Financial Review

- 3.1 Members also reviewed the financial payments and noted that the current payment is £107.21 per weighted list size. An announcement on the national uplift was awaited and the Committee agreed to review the contract payment for 2018/19 once this had been received.
- 3.2 Members also reviewed the continued payment schedule and noted that, historically, practices have been guaranteed 60% to deliver the contract, leaving 40% for achievement of the KPIs. The proposal consulted on was the option to change this to a 50/50 split. The feedback received from practices was to oppose the funding split change as it would introduce greater instability for practices. The consequences of which would adversely affect primary care services and employment.
- 3.3 It was noted that the proposal is to continue with the same payment schedule where practices receive 20% of the payment every quarter, with 80% payment being made overall and the remaining 20% to be received or recovered, once the data has been verified.
- 3.4 Further work would be progressed on any minor adjustments required to the KPIs and utilisation of the 40%. Any changes would then be presented back to the PCCC at a future meeting. Members also considered the proposal that there continued to be no KPI for membership engagement, but if a practice fails any aspect of this KPI, a penalty of 5% of the total contract will be imposed.

4 Contracting and Performance Management

- 4.1 With regard to contracting and performance management, the proposal is to continue with the current contract route through the issuing of an independent contract by the CCG with individual practices. This contract will be mutually dependent with the core contract, which is similar to existing local commissioned services and the contract will be overseen by the Primary Care Commissioning Committee, through delegated arrangements with NHS England.
- 4.2 Performance will continue to be monitored by the CCG, practices will continue to be supported by the Primary Care Development & Health Improvement Team and any disputes relating to KPIs will be resolved locally wherever possible with an appeals process in place through the PCCC (of which NHS England is a member), if required.

5 Recommendation

The Primary Care Commissioning Committee agreed the following:-

- To continue with the funding split of 60/40 for a further year.
- Removal of the patient survey measure, as a KPI, due to the difficulties in timescales of accessing meaningful data at member practice level, but that the measure continues to be monitored without an incentive payment.
- To reduce some of the mandatory events.
- To the addition of the Rockwood scores for over 75s, BMI & Smoking Status and CKD Best Care KPIs.
- To amend the Equality & Diversity Standard to record protected characteristics in new patient checks.
- To remain with the 75 contacts per 1,000 patients with the intention to review this again next year and to audit additional workforce intensively during the course of the year to prove the contribution is effective.
- To review any proposed changes to the KPIs and funding for the BQC for 2018/19 at the next meeting once national uplifts are known.

Alan Stephenson
Chair, Primary Care Commissioning Committee

December 2017