

**NHS BOLTON CLINICAL COMMISSIONING GROUP**  
**Public Board Meeting**

**AGENDA ITEM NO: .....10.....**

**Date of Meeting: .....29<sup>th</sup> June 2018.....**

|   |   |   |
|---|---|---|
| <b>TITLE OF REPORT:</b>   | Bolton Quality Contract: Options for Year 4 Payments (2018/19).   |   |
| <b>AUTHOR:</b>  | Lynda Helsby/Jackie Murray  |   |
| <b>PRESENTED BY:</b>  | Alan Stephenson, Chair Primary Care Commissioning Committee   |   |
| <b>PURPOSE OF PAPER:<br/>(Linking to Strategic Objectives)</b>                                | This paper offers a number of options for consideration in relation to the level that the price per patient should be set at during the Bolton Quality Contract's fourth year in light of the recently announced uplift to the Global Sum Rate (the national price per patient for 'core primary medical services) for 2018/19. |   |
| <b>LINKS TO CORPORATE OBJECTIVES<br/>(tick relevant boxes):</b>                               | <b>Delivery of Year 3 Locality Plan.</b>  |   |
|   | <b>Joint collaborative working with Bolton FT and the Council.</b>  |   |
|   | <b>Supporting people in their home and community.</b>   |   |
|   | <b>Shared health care records across Bolton.</b>  |   |
|   | <b>Regulatory Requirement</b>   |   |
|   | <b>Standing Item</b>  | √ |
| <b>RECOMMENDATION TO THE BOARD:<br/>(Please be clear if decision required, or for noting)</b> | The Board is asked to ratify the decision taken by the Primary Care Commissioning Committee to approve option 2, with Standard 9 Frailty (previously known as Standard 20) continuing to be paid separately as an additional £3 per weighted patient for 2018/19.   |   |
| <b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>  | Primary Care Commissioning Committee – 14/6/18.   |   |
| <b>REVIEW OF CONFLICTS OF INTEREST:</b>   | Conflicts of interest were reviewed throughout the discussions/decision taken on this item at the Primary Care Commissioning Committee.   |   |
| <b>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</b>       | Patient views are not specifically sought as part of this report as this is a national directive.   |   |
| <b>OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:</b>                  | EIA and an assessment is not considered necessary for the report.   |   |

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| <b>AUTHOR:</b>  | Lynda Helsby/Jackie Murray  |   |
| <b>PRESENTED BY:</b>  | Alan Stephenson, Chair Primary Care Commissioning Committee   |   |
| <b>PURPOSE OF PAPER:<br/>(Linking to Strategic Objectives)</b>                                | This paper offers a number of options for consideration in relation to the level that the price per patient should be set at during the Bolton Quality Contract's fourth year in light of the recently announced uplift to the Global Sum Rate (the national price per patient for 'core primary medical services) for 2018/19. |   |
| <b>LINKS TO CORPORATE OBJECTIVES<br/>(tick relevant boxes):</b>                               | <b>Delivery of Year 1 Locality Plan.</b>  |   |
|   | <b>Joint collaborative working with Bolton FT and the Council.</b>  |   |
|   | <b>Supporting people in their home and community.</b>   |   |
|   | <b>Shared health care records across Bolton.</b>  |   |
|   | <b>Regulatory Requirement</b>   |   |
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| <b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b>  | Primary Care Commissioning Committee – 14/6/18.   |   |
| <b>REVIEW OF CONFLICTS OF INTEREST:</b>   | Conflicts of interest were reviewed throughout the discussions/decision taken on this item at the Primary Care Commissioning Committee.   |   |
| <b>VIEW OF THE PATIENTS, CARERS OR THE PUBLIC, AND THE EXTENT OF THEIR INVOLVEMENT:</b>       | Patient views are not specifically sought as part of this report as this is a national directive.   |   |
| <b>OUTCOME OF EQUALITY IMPACT ASSESSMENT (EIA) AND ANY ASSOCIATED RISKS:</b>                  | EIA and an assessment is not considered necessary for the report.   |   |

**Primary Care Commissioning Committee**

**AGENDA ITEM NO:** .....5.....

**Date of Meeting:** .....14<sup>th</sup> June 2018.....

|   |   |
|---|---|
| <b>TITLE OF REPORT:</b>   | Options for Year 4 Payments under the Bolton Quality Contract (2018/19) |
| <b>AUTHOR:</b>  | Lynda Helsby / Jackie Murray  |
| <b>PRESENTED BY:</b>  | Lynda Helsby / Jackie Murray  |
| <p><b>PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting)</b></p> <p>This paper offers a number of options for consideration in relation to the level that the price per patient should be set at during the Bolton Quality Contract's fourth year in light of the <b>proposed indicative uplift</b> to the Global Sum Rate (the national price per patient for 'core primary medical services) for 2018/19</p> |   |
| <p><b>FINANCIAL IMPLICATIONS [discussed with Chief Financial Officer]:</b></p> <p>Deputy CFO</p>  |   |
| <p><b>COMMITTEES/GROUPS PREVIOUSLY CONSULTED:</b></p> <p>N/A</p>  |   |
| <p><b>RECOMMENDATION(s)</b></p> <p>The Primary Care Commissioning Committee is recommended to choose Option 2, with Standard 20 continuing to be paid separately as an additional £3 per weighted patient for 2018/19.</p> <p><b>In the event that the proposed indicative uplift is different to the final uplift, then it is recommended that the same principle is adopted.</b></p>  |   |

## OPTIONS FOR YEAR 4 PAYMENTS UNDER BOLTON QUALITY CONTRACT

### 1.0 Summary and Purpose of Report

The Primary Care Commissioning Committee (PCCC) has recommended to NHS Bolton Clinical Commissioning Group (CCG) Board the continuation of the Bolton Quality Contract (BQC) as a 3 year contract.

In the first year of the BQC, each practice that signed up to the Contract received a minimum of £95 per weighted patient to deliver 'core' primary medical services plus the nineteen standards included in the BQC itself.

In the second year, the CCG PCCC recommended to the CCG board continued investment in primary care with funding to support an additional standard and the national uplifts, resulting in practices receiving a minimum of £102.45 to deliver 'core' services and twenty standards.

In the third year, the CCG PCCC recommended to the CCG board the continuance of the BQC and to include the national uplifts to the Global Sum rate, bringing the value to £107.21 to deliver 'core' services and twenty standards.

This paper offers a number of options for consideration in relation to the level that the price per patient should be set at during the Contract's fourth year in light of the **proposed indicative uplift** to the Global Sum Rate (the national price per patient for 'core primary medical services) for 2018/19

### 2.0 Context

From the 1<sup>st</sup> April 2016, under Level 3 Joint Commissioning arrangements with NHS England, the CCG has been responsible for the commissioning of 'core' primary medical services and their associated payments. Core primary medical services include the provision of:

- 'essential' services (management of patients who are ill, terminally ill or living with a chronic disease), and
- 'additional' services (e.g cervical screening, maternity services etc)

The CCG is also now responsible for payments relating to the delivery of Directed Enhanced Services (DESS) and the Quality and Outcomes Framework (QOF).

Under these arrangements, NHS England still retains ultimate accountability and control in relation to how much national resource is allocated to primary care, and for core GMS/PMS/APMS contractual terms and conditions. However, responsibility for all decisions concerning the commissioning of the core GP contract and the enhanced services commissioned by NHS England, as well as the associated risks arising from in year pressures on the delegated budget, sits fully with the CCG. This latter point being an important factor when considering the options detailed later in this paper.

### 3.0 Brief summary of previous funding allocations

#### 3.1 Calculation of Payments under BQC for 2015/16 – Year 1

##### **Nineteen standards**

During the first year of the BQC, all 50 Bolton practices signed up to deliver the 19 standards and the CCG 'leveled up' each practice's contract payment to **£95** per weighted patient.

#### 3.2 Calculation of Payments under BQC for 2016/17 - Year 2

##### **Addition of Standard 20 – Working in Integrated Neighbourhood Teams**

The CCG Board has agreed that, from 1<sup>st</sup> April 2016, **all** practices will receive an additional **£3.00** per weighted patient for delivery of this new standard, regardless of how much they currently receive for delivery of core services. This funding reflects the time practices will need to review patients regularly, particularly on discharge from hospital, and to meet with the integrated neighbourhood team. It is a discrete payment, over and above the price per patient funding for standards 1-19 of the BQC. Following the national increase to the global sum rate (£4.45) this resulted in an increase BQC payment of £7.45 (£4.45 + £3), increasing the minimum payment to **£102.45** per weighted patient.

#### 3.3 Calculation of payments under BQC for 2017/18 – Year 3

There were minimal changes to the BQC in 2017/18 and it was agreed that standard 20 would continue.

GMS Contract negotiations resulted in a £238.7m investment in the GP contract for 2017/18. The investment took into account increasing expenses covering:

- A pay uplift on pay of 1%
- An increase in the value of a QOF point to £171.20
- The payment fee for the Learning Disability DES from £116 to £140
- Changes and increased payments to the GP retention scheme
- Funding to cover expenses related to additional CQC business improvement district (BID) levies costs
- Costs and other increased business expenses

There has been a transfer of £157m from the avoiding unplanned admissions enhanced service into core funding.

This resulted in an increase to the Global Sum rate of £4.76, bringing the BQC payment to £107.21.

#### 4.0 Options for BQC Price per Patient 2018/19 - Year 4

The table below outlines the three possible options for setting the price per weighted patient 'tariff' in relation to standards in the BQC for 2018/19

The PCCC is also asked to consider the £3 funding for Standard 20. For the last 2 years this was kept as a separate payment from the BQC funding for standards 1-19 as it was felt this funding was key to engage practices in Standard 20 and this funding is dependent on the agreement of the commissioning partnership board to continue with this additional standard/

Therefore the options can be further broken down to include / exclude the £3 from the core funding.

Options range from:

1. No change from the tariff agreed for 2017/18,
2. Application of the full £2.57 increase to the global sum for 2018/19.
3. Application of the 3.4% uplift to BQC in line with the % uplift to Global Sum.

|     | Options  | Amount Per Weighted Patient | CCG Investment required (£5,833k in 2017/18 incl Std 20) | Description  |
|-----|--|-----------------------------|--|--|
| 1a. | <b>'No Change'</b>   | £107.21                     | £5,843k  | No increase – payment per weighted patient in relation to standards 1-20 remains the same previous year. |
| 1b. |  | £104.21 + £3.00 separate    | £4,878k + £945k  |  |
| 2a. | <b>Total Global Sum Uplift (£2.57)</b>                       | £109.78                     | £6,015k  | This increase reflects the total increase to global sum rate for 2018/19.                                |
| 2b. |  | £106.78 + £3.00 separate    | £5,070k + £945k  |  |
| 3a. | <b>Total Global Sum uplift + 3.4% applied to BQC element</b> | £110.42                     | £6,187k  | This increase reflects the 3.4% increase to global sum rate for 2018/19.                                 |
| 3b. |  | £107.42 + £3.00 separate    | £5,242k + £945k  |  |

The financial impact of the 3 options are:-

- Option 1 - increase in the 2017/18 level of investment by £10k,\*
- Option 2 - increase in the 2017/18 level of investment by £182k,
- Option 3 - increase in the 2017/18 level of investment by £354k.

\*This is due to an increase in list sizes

## **6. Recommendation**

The CCG has not planned for the level of increase for Option 3 and would need to increase its QIPP target to cover these costs.

Option 2 is recommended as this ensures practices receive the benefit of the Global sum increase of additional £2.57.

In light of the CCG's commitment to invest in primary care, and to ensure continued commitment sign-up to BQC from general practice, Primary Care Commissioning Committee is asked to consider Option 2 as the preferred option. This recommendation will be ratified at the CCG Board meeting in July.

**L Helsby / Jackie Murray**  
**June 2018**