

Agenda

Place Based Primary Care Commissioning Committee

Part 1

Date: 24th May 2023

Time: 12.30pm to 13.00pm

Venue: Microsoft Teams

Item No.	Time	Duration	Subject	Paper/ Verbal	For Approval/ Discussion/ Information	By Whom
1.	12.30pm		Welcome, Introductions and Apologies.	Verbal	Information	Chair
2.	12.30pm		Declarations of Interest	Verbal	Approval	Chair
3.	12.30pm	5 mins	Minutes of the last meeting held on 26 th April 2023 and matters arising.	Paper	Approval	Chair
4.	12.35pm	10 mins	Agreeing the new Prescribing Target for the BQC.	Paper	Approval	Chris Haigh
5.	12.45pm	15 mins	BQC 2023-24 Payment Options.	Paper	Approval	David Hughes
6.	13.00pm		Any other business.	Verbal	Discussion	All
7.	13.00pm		Date and time of next meeting: <ul style="list-style-type: none"> • Agreed bi-monthly meetings to take place on 4th Wednesday in the month from 12.30pm: <ul style="list-style-type: none"> • 28th June 2023 • 30th August 2023 • 25th October 2023 • 27th December 2023 	Verbal	Information	All

Minutes

Placed Based Primary Care Commissioning Committee

Part 1

Date: 26th April 2023

Time: 12.30pm

Venue: Microsoft Teams

Present:		
Fiona Noden Naomi Ledwith Lynda Helsby Kathryn Oddi Tyrone Roberts Sharif Uddin Steven Whittaker Lynda Morris	Place Based Lead, Bolton Locality Delivery Director, Bolton Locality Associate Director, Primary Care & Health Improvement Head of Primary Care Commissioning, Bolton Locality Chief Nurse, Bolton FT Chair, Bolton LMC Local GP representative Community Services, Bolton FT (shadowing Lynda Helsby)	
Apologies:		
Louise Gatley, Primary Care representative, Community Pharmacy David Hughes, Deputy Locality Finance Lead, Bolton Locality Karen Cassidy, Public Health representative, Bolton Council Annette Walker, Locality Chief Finance Officer Karen Cassidy, Public Health representative, Bolton Council Matthew Thornton, Primary Care representative, Optometry Jim Fawcett, Chair, Bolton Health Watch		
Minutes by:		
Joanne Taylor, Board Secretary, Bolton Locality		
Item No.	Topic	Action
29/23	<u>Welcome, Introductions and Apologies</u> Members were welcomed to the meeting and introductions were made. The above apologies were noted.	
30/23	<u>Declarations of Interest</u> The Chair reminded members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of GM Integrated Care and Bolton Locality. Steven Whittaker and Sharif Uddin declared an interest in all items on the agenda. Fiona Noden declared an interest as her mum was a registered patient with Steven Whittaker's practice.	

	<p>The Chair agreed to review the interest for each item and that they would be allowed to take part in the majority of the discussions but not in any decision making to which their interests related to.</p>	
31/23	<p><u>Minutes of the last meeting held on 22nd February 2023</u> The minutes were approved as a correct record.</p>	
32/23	<p><u>Matters Arising</u> The Committee reviewed the actions from the minutes and discussed:-</p> <ul style="list-style-type: none"> • Required changes to the membership to replace Stephen Liversedge and Mike Robinson. The proposal was to replace the locality GP representative once the GM CCPL consultation had concluded. The AD Quality representation and Deputy Chair role would be undertaken by Naomi Ledwith in the interim. • The Committee agreed to the above updates to the Terms of Reference and membership. • Noted regular updates to be presented to the Committee on the procurement process for a GP practice. • Noted that the full evaluation of the winter funding schemes and use of this year's allocation will be presented to a future meeting. • Primary Care access audit results to be presented to the next meeting of the Committee. <p>The Committee noted the above updates.</p>	
33/23	<p><u>Quarterly Primary Care Risk Register</u> The Committee reviewed the quarterly primary care risk register, in particular the key comments and updates. It was noted that the majority of risks are unchanged. However, the following changes were highlighted:</p> <ul style="list-style-type: none"> • PC2 IM&T Support – increased the level of risk as recruitment to the IT post is yet to be completed. • PC4 DPO Role for the locality – agreed to review with Michaela Toms to reduce the risk. • PC6 BQC 2023/24 – risk has reduced as the funding has now been agreed. • PC7 Future of Bolton locality schemes – risk has increased further to the GM letter received on the future of quality schemes and funding. <p>The Committee noted the updates and noted that the primary care team would continue to review the risks and reduce the level of risk, where appropriate.</p> <p>It was also raised that a review of risks in light of the PWC report should be undertaken to review if any additional risks need to be included in the primary care risk register.</p>	

34/23	<p><u>Final Bolton Quality Contract (BQC) 2023/24</u> The Committee received a presentation on the outcome of the consultation on the BQC for 2023/24 and reviewed the feedback received.</p> <p>It was noted that the general comments focused on primary care under pressure and not reaching pre-Covid achievements, worsening morale in primary care and a genuine desire for the consultation but needing to be assured that practices are being listened to. Further comments were also received regarding the Locality Plan and Operating Plan to ensure the locality focuses on the more deprived communities.</p> <p>The Committee reviewed each standard and KPIs:</p> <p><u>Access</u> Proposing an increase in contacts to 90 per 1,000 patients. The feedback received is that the increase is unreasonable and if the target changed, other primary care staff need to count towards this target. Also room capacity to undertake face to face consultations was raised.</p> <p>The recommendation was therefore to set a target of 86 per 1,000 patients and 40 per 1,000 for face to face contacts. The rationale being that this will still achieve an improvement in this target but should only include first contact practitioners.</p> <p>Members discussed the feedback received noting the guidance around access in the new GP contract where patients have to receive an offer at the first point of contact. The BQC requirements are above the core contract, therefore members queried how the BQC standards are set and how these match against the national standards. It was noted that standards are based on Bolton's proportion from the national operating plan target.</p> <p>Members agreed it was reasonable to increase this target slightly and encouraged the use of ARRS to see more people face to face. The use of figures rather than percentages was helpful.</p> <p>The Committee accepted the change to the access targets.</p> <p><u>Ageing Well Assessments</u> No comments received.</p> <p>The Committee therefore agreed to the set target.</p> <p><u>Carers</u> No comments received.</p> <p>The Committee therefore agreed to the set target.</p> <p><u>Dementia</u> Members noted the comments received regarding long waits for the memory assessment clinic and plans to reduce this.</p>	
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The Committee agreed to the proposed target of 76% for the dementia expected prevalence KPI.

Health Improvement

No comments received.

The Committee agreed to the proposed targets for each KPI.

Long Term Conditions

Members noted the comments received on the proposal to increase scores to pre-pandemic levels and the rationale to the proposed increases due to long term conditions causing premature mortality and additional pressures in A&E.

The Committee agreed to the proposed targets for each KPI.

Prescribing

No comments received.

Members noted the comment raised regarding the removal of the electronic repeat dispensing (ERD) target and replacing with a simplified version of SMRS. Members queried the proposed change of using astro PU for high risk antibiotics, noting that Bolton is an outlier on C Difficile and there are plans to launch a QI collaborative across the locality to develop a joint working approach. Members agreed to keep % reduction for high risk antibiotics.

Practices had been informed of the proposed change during the consultation and no feedback has been received. Members highlighted the increased amount of work PCNs are required to undertake with regard to SMR and discussed the need to review the baseline data to commit to having a standard around SMRs to work with practices on these targets once the baseline data is known, to simplify the reviews.

Change to the Contract Basis

This has previously been a 60/40 split. The proposal this year is for a 50/50 split, the rationale being that the ambition has always been to move to a 50/50 split once the BQC became well established. The 60% was allocated to support the initial extra staffing costs. If, as practices say, the KPIs are getting harder to achieve, then we need to allocate a greater % of the split to reflect this increased workload.

The Committee members, who were not conflicted, approved the 50/50 split.

Penalties

The recommendation is to accept the set penalties, and the principle of no more than 5% overall penalty. The rationale being to consider the application of both penalties next year to reflect the comments this year about practice finances.

The Committee members, who were not conflicted, approved the recommendation.

	<p>The next steps and future developments were noted, which included:</p> <ul style="list-style-type: none"> • A review of how local primary care schemes can support neighbourhood working. • Link primary care standards to Bolton priority areas as agreed by Strategy, Planning and Delivery Committee. • Review how the Quality Contract can help support Health Inequalities. <p>Members also highlighted the importance of reviewing and mapping these outcomes to the Core 20 + 5 outcomes framework and also to link to the Integrated Partnerships that report to the Strategy, Planning and Delivery Committee to review the work happening in primary care and start to link these outcomes.</p> <p>The Committee recommended approval by the Locality Board to the proposed standards and KPIs for the 2023/24 BQC. The report would be presented to the 9th May Locality Board for final approval.</p>	
35/23	<p><u>Statement on Local GP Quality Schemes</u></p> <p>Members were informed of a letter that had been received from GM outlining that all quality schemes will continue in their current form for this year and will run to the end of March 2024.</p> <p>However, GM will be conducting a review of these schemes with the aim of developing a GM best practice scheme from all the current scheme, including a process for harmonisation.</p> <p>It was noted that Bolton will look to be part of the GM review of schemes to influence the outcome going forward.</p> <p>The Committee noted the letter.</p>	
36/23	<p><u>Update on Delivery of the PCN DES</u></p> <p>The report outlined the current position with regard to performance by PCNs on the delivery of the PCN DES against the service specifications that have been assessed for the financial year 2022/23.</p> <p>The report included an update on:</p> <ul style="list-style-type: none"> • Enhanced health in care homes. • Early cancer diagnosis. • Personalised care. • Tackling neighbourhood health inequalities. • Cardiovascular disease. • Structured medication reviews. • Enhanced access. <p>There are currently 6 service specifications running and the primary care contracting team are working with GM on the 7th specification regarding anticipatory care.</p>	

	<p>The next steps were noted:</p> <ul style="list-style-type: none"> • The primary care development team will produce a ‘sample document’ with examples showing the level of detail required for submission against the service specifications. • Additional support offered to each PCN Manager from Health Improvement Manager to aid completion of documentation. • Pre-agreed deadlines for updates will be arranged on a quarterly basis. This will allow for 4 iterations of each report (and requests for further information) before the programme reaches its scheduled end in March 2024. • Primary Care Development and Contracting teams to work together to ensure that support message and contractual delivery messages are consistent. • Primary Care Contracts team working with Bolton GP Federation to understand and resolve any data issues that may affect the returns received. • Provide a return to GM based on current enhanced access under performance and agree (as set out at DMOG) arrangements for recovering activity in the first instance. • Put in place (with GM finance colleagues) contractual levers to recover under performance at the end of August 2023 if activity isn’t delivered. <p>Members discussed the opportunities in linking this work with the wider locality governance and presenting this report to the Neighbourhood and Communities Integrated Partnership.</p> <p>Further work on inequalities and defining outcomes, with links into public health was also raised. Linking access issues with the urgent care review to understand further any inequalities in access was also raised.</p> <p>The Committee noted the report and agreed:</p> <ul style="list-style-type: none"> • Steps 1-4 for managing support and activity returns during 2023/24. • To support steps 5-7 to recover underperformance of enhanced access hours. In activity initially but financial recovery if activity is not delivered. 	
37/23	<p><u>Agreeing a set of principles for future primary care funding</u></p> <p>The Committee had highlighted at previous meetings the need to discuss and agree a set of principles for primary care commissioning and ad-hoc funding to help make these decisions for the future, based on hub and district provision.</p> <p>An initial review has been undertaken and proposals have been drafted which were presented to the Committee in the first instance prior to sharing with local partners. It was noted that the first draft highlights the importance of addressing patient safety and experience and inequalities in any proposals developed.</p> <p>Members agreed these are a clear set of principles that will support system partnership working and how we communicate as a locality. Further comments will be sought from GP colleagues and the GP Board.</p>	

	<p>The Committee agreed to the proposed principles for future primary care funding and the winter planning process for 2023/24. A final version of the principles will be presented to members at a future meeting.</p>	
38/23	<p><u>CQC Compliance Plan - Request for funding for Great Lever/Lever Chambers (Practice P82013)</u> The Committee received a progress update on the developments with the CQC compliance plan for the above practice.</p> <p>It was noted that the caretaking practice is currently working on delivering an action plan to improve services across both practices and to improve the contractual compliance set out in the plan issued by NHS Greater Manchester following the CQC visit.</p> <p>Upon undertaking the role of temporary contract holders, there were a number of issues raised by the caretaking practice that commissioners had been unaware of and that required remedial action and additional financial resource. As a consequence, the caretaking practice's original bid included a requested additional £50k for additional work and staffing implications.</p> <p>The request has been reviewed by the Divisional Management Team with finance colleagues presented and the additional funding request was agreed.</p> <p>The Committee reviewed the request and supported the additional funding request.</p>	
39/23	<p><u>Primary Care Estate Developments:</u></p> <p><u>PCN Estates Toolkit</u> An update was received on the implementation of the estates toolkit review. PCNs in wave 1 (Bolton Central and Farnworth and Kearsley PCNs) had completed the development of their respective clinical strategies and had now embarked on the next stage which was to review their estates requirements in response to their clinical strategies. Wave 2 PCNs had now started on the development of their clinical strategies and it was expected that Wave 3 PCNs would start development of their clinical strategies by early June. The developments include links with Bolton FT's development of clinical strategies that will also inform estates and integrated neighbourhood teams.</p> <p><u>Strategic Estates Group</u> The outcomes from the first GM workshop to review the strategic estates group function and ways of working at a locality level were reported. It was noted that a second workshop is to be held in May to progress these developments further. The locality ask is to ensure all local partners are involved in these discussions to ensure a system wide approach.</p> <p><u>Farnworth Community Hub</u> Members were informed of the proactive developments with regard to the community hub. The outcome of the Farnworth and Kearsley PCN review are awaiting before further developments can be progressed.</p>	

	<p><u>Little Lever Health Centre</u> The plans are to move practices into the new site in mid May. The head lease issues previously reported have now been resolved.</p> <p>The Committee noted the updates to the primary care estates developments.</p>	
40/23	<p><u>Place Based PCCC Chair Highlight Report to GM – February 2023</u> The above report was reviewed by the Committee. It was noted that the report has been submitted to Greater Manchester Integrated Care.</p> <p>The highlights noted for the next report were:</p> <ul style="list-style-type: none"> • Agreement to the BQC 2023/24. • Noting the GM approach to the review of quality schemes. • Update on PCN DES requirements and preliminary discussions on contractual levers for non-compliance to PCNs. • Noted the proposed principles for primary care funding. • Updates received on the PCN estates toolkit and acknowledgement of a start date for the Little Lever health centre. <p>The Committee noted the February PCCC Chair’s highlight report.</p>	
41/23	<p><u>Any Other Business</u></p> <p><u>Access indicators set out in the Quality Improvement domain within QOF</u> Members received an update on the above.</p> <p>Templates to support practice claims of achievement against the points for the Access indicators set out in the Quality Improvement domain within QOF had been reviewed by members of the primary care team and discussed at Direct Commissioning and Contracting Panel (DCCP) on Wednesday 19th April to evaluate consistency and next steps across Greater Manchester.</p> <p>There was large variation on the quality and depth of information that had been provided by practices and, at this stage, achievement against these indicators based on the evidence provided could not be confirmed.</p> <p>In line with what was agreed at DCCP, practices had been written to with a request to review their original submissions and update, factoring in the information contained within the guidance and other advisory comments provided by the primary care team, and to re-submit by close of business (6pm) on Friday 5th May 2023 .</p> <p>The Committee noted the update.</p>	
42/23	<p><u>Date and Time of Next Meeting</u> The Committee agreed to hold regular meetings bi-monthly to take place on the 4th Wednesday of the month from 12.30pm via MS Teams. The following meeting dates were agreed:</p> <ul style="list-style-type: none"> • 28th June 2023 • 30th August 2023 	

	<ul style="list-style-type: none">• 25th October 2023• 27th December 2023	
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Report Title:	BQC Prescribing KPI – SMR in Patient on 2 or More QoF Registers		
Meeting:	PCCC		
Meeting Date:	24/05/23		
Report of (Lead Officer):	Chris Haigh		
Contact officer:	Chris Haigh	Telephone number	07471357697
Presented by:	Chris Haigh		
Purpose:	Decision		
	To agree the proposed target for the prescribing SMR KPI. This new KPI was previously awaiting baseline data before a final target could be reasonably set		
Summary:	<p>Whilst the overall BQC targets and KPIs have been agreed by the group we were awaiting baseline data for the SMR in patients on 2 or more QoF registers. The consultation had proposed a maintain position as KPIs related to SMR had been removed from this years IIF incentive. The intention of this KPI is to maintain a level of SMR in patients that will benefit the most i.e. multimorbidity.</p> <p>This data is now back and a proposal of 18.5% of patients should have at least 1 SMR in 23/24 for all practices. This is part way between the mean of 17.2% and the median of 19.4%.</p>		
Decision:	The intention is for the group to approve the proposed target of 18.5%		
Previously Considered by: <i>Delete any that are N/A or add any groups</i>			
Finance Comment (named lead):			
Clinical Comment (named lead):			
Glossary:	SMR – Structured Medication Review		
	QoF Register – relates to the number of QoF incentivised registers such as Diabetes, Hypertension, Learning disability etc.		
	IIF – Investment and Impact Fund, part of the PCN DES contract		
	PCN DES – Primary Care Network Direct Enhanced Service contract		

BQC Prescribing KPI – SMR in Patient on 2 or More QoF Registers

Background

The SMR KPI agreed as part of the 23/24 BQC was awaiting a baseline data position before a target can be set. The consultation stated a maintain position would be put forward following removal of SMR targets from the IIF of the PCN DES. Data is now available and a target has been proposed based on the number of SMRs carried out in patients on 2 or more QoF registers in 22/23. This area was not directly targeted in the IIF, however a number of patients would overlap in areas such as care home residents, frailty or on medicines of addictive potential. As such it is felt that a universal target should be set for all practices in line with other BQC targets such as access or best care.

Proposed Target

A target of 18.5% of patients on 2 or more QoF registers to have at least 1 SMR in 23/24 is proposed for all practices in Bolton.

This is based on a mean value of 17.2% and median of 19.4% seen in 22/23. 25th and 75th centile values are 11.8% and 26.4% respectively. On current register sizes, 18.5% represents around 10,000 patients to have an SMR with multi-morbidity and is a maintenance position between the mean and median.

A number of practices achieved levels above this in 22/23. As this area was not targeted is likely to be due to targeted SMRs in care home/frailty populations or where a practice or PCN has targeted complex patients. Given the lack of IIF KPI this year, high levels would not be expected and may significantly decrease. It is therefore felt that the 18.5% target will still be a challenge, especially given the complex nature of these patients.

The group is therefore asked to approved the proposed target of 18.5%

Patients on 2 or more QOF registers with a SMR in the last 12 months														
Baseline data (2022/23)														
Practice code	Practice name	Peer group cluster	PCN	Number of Patients on 2 or more QOF Registers	Patients on 2 or more QOF Registers with a Structured Medication Review in last 12m	%								
Y03366	The Olive Family Practice	Red	Central	463	0	0.0%								
P82003	Kildonan House	Indigo	Horwich	2,741	53	1.9%								
P82625	Sidda	Red	HWL	207	13	6.3%								
P82016	Harwood Group Practice	Blue	Turton	2,374	182	7.7%								
P82010	Dalefield Surgery	Green	Chorley Roads	1,367	108	7.9%								
P82014	Spring House Surgery	Blue	Chorley Roads	1,308	105	8.0%								
P82002	Mirza & Partners	Yellow	Rumworth	1,266	103	8.1%								
P82009	Garnet Fold	Blue	Rumworth	1,319	122	9.2%								
Y03079	Bolton Community Practice	Yellow	Horwich	2,960	279	9.4%								
P82627	Cornerstone Surgery	Blue	Chorley Roads	596	59	9.9%								
P82007	Kearsley Medical	Blue	Farnworth & Kearsley	2,361	271	11.5%								
P82023	Mandalay Medical	Indigo	Turton	1,690	194	11.5%								
P82005	Stable Fold Surgery	Indigo	Westhoughton	1,082	128	11.8%								
P82634	Karim & James-Authé	Orange	Chorley Roads	629	79	12.6%								
P82012	Earnshaw & Partners	Green	HWL	1,169	149	12.7%								
P82660	Deane Clinic	Yellow	Central	441	61	13.8%								
P82025	Burnside Surgery	Yellow	HWL	743	106	14.3%								
P82652	Farnworth Family Practice	Green	Farnworth & Kearsley	646	102	15.8%								
P82004	Swan Lane Medical	Orange	Rumworth	1,501	243	16.2%								
P82006	Pike View Medical	Indigo	Horwich	1,732	294	17.0%								
P82015	Unsworth Group Practice	Indigo	Westhoughton	3,781	658	17.4%								
P82031	Heaton Medical	Indigo	Chorley Roads	1,721	301	17.5%								
P82020	Hallikeri & Partner	Yellow	Brightmet & Little Lever	826	147	17.8%								
P82643	Bromley Meadows Surgery	Indigo	Turton	819	155	18.9%								
P82011	Lowe & Partners	Green	Brightmet & Little Lever	1,284	249	19.4%								
P82629	Dr S Naseef	Orange	Central	205	40	19.5%								
P82609	Shanti Medical	Red	Rumworth	523	104	19.9%								
P82037	Fig Tree Medical	Green	Farnworth & Kearsley	910	185	20.3%								
P82008	Stonehill Medical	Green	Farnworth & Kearsley	2,743	593	21.6%								
P82616	Beehive Surgery	Orange	Central	467	102	21.8%								
P82036	Dr T Subramanian	Blue	Brightmet & Little Lever	632	149	23.6%								
P82607	Crompton View Surgery	Blue	Turton	1,084	261	24.1%								
P82624	Orient House Medical	Yellow	Central	362	90	24.9%								
P82018	Alastair Ross Medical	Green	Brightmet & Little Lever	1,176	295	25.1%								
P82001	The Dunstan Partnership	Green	Brightmet & Little Lever	2,403	616	25.6%								
P82029	Jeyam & Jesudas	Orange	HWL	679	176	25.9%								
P82613	Spring View Medical	Yellow	Brightmet & Little Lever	913	241	26.4%								
P82033	Zarrouk & Partner	Yellow	Central	364	99	27.2%								
P82640	Al-Fal Medical	Red	Central	610	166	27.2%								
P82021	The Oaks Family Practice	Blue	Turton	1,190	328	27.6%								
Y02319	Bolton General Practice	Orange	Central	365	115	31.5%								
P82013	SMC (Great Lever)	Orange	Central	588	187	31.8%								
Y02790	Bolton Medical	Orange	Central	583	198	34.0%								
P82034	Edgworth Medical	Indigo	Turton	638	217	34.0%								
Y00186	3D Medical	Red	Central	134	46	34.3%								
P82030	Deane Medical	Red	Central	474	175	36.9%								
P82022	Hendy & Rizwan	Orange	HWL	765	287	37.5%								
P82633	Great Lever One	Orange	Central	351	135	38.5%								
P82626	Uddin & Partners	Orange	HWL	793	325	41.0%								
Bolton total				53,978	9,291	17.2%	19.4%	11.8%	26.4%	18.50%				
					Reviews Needed		10468	6386	14248	9986				

Primary Care Commissioning Committee

AGENDA ITEM NO:

Date of Meeting:24th May 2023

TITLE OF REPORT:	The Bolton Quality Contract 2023 - 2024 Options for payments
AUTHOR:	Lesley Hardman/David Hughes
PRESENTED BY:	David Hughes
PURPOSE OF PAPER: (Please be clear e.g. decision(s) required, a discussion, for noting)	
The PCCC is being asked to consider a range of payment options for the ninth year of the BQC, in light of the uplift to the Global Sum Rate (the national price per patient for 'core primary medical services') for 2023 – 2024.	
FINANCIAL IMPLICATIONS [discussed with Chief Financial Officer]:	
Deputy Locality Finance Lead (Bolton)	
COMMITTEES/GROUPS PREVIOUSLY CONSULTED:	
N/A	
RECOMMENDATION(s)	
The PCCC is being asked to discuss the options, and recommend a preferred option for BQC payments for 2023 – 2024.	

OPTIONS FOR PAYMENTS FOR THE BOLTON QUALITY CONTRACT 2022 - 2023

1. Summary and Purpose of Report

After an extensive consultation period, the Primary Care Commissioning Committee (PCCC) and Bolton Locality Board have agreed to commission a 12-month Bolton Quality Contract (BQC) with 49 individual practices for the period April 2023 to March 2024.

In each year that the BQC has been commissioned, practices have received a minimum amount per weighted patient (pwp) to deliver 'core' primary medical services, plus delivery of a set of unique standards, detailed in the BQC Specification.

For each of the previous years of delivery, the payments pwp were agreed as follows:

2015 – 2016	£95.00	
2016 – 2017	£102.45	
2017 – 2018	£107.21	
2018 – 2019	£109.78	
2019 – 2020	£110.70	(later increased to £111.74 to reflect additional 1% increase in year)
2020 – 2021	£110.91	(now excludes the New Ways of Working at £3 pwp)
2021 – 2022	£113.13	
2022 – 2023	£115.55	

The PCCC is now being asked to consider a number of payment options to determine the level that the pwp should be set at for the BQC 2023 – 2024.

PCCC should determine the level of the pwp by also taking into consideration the uplift of £2.59 (2.59%) taking the Global Sum Rate (the national price per patient for 'core primary medical services) to £102.28 for 2023 – 2024.

2. Aim of this investment

The aim of this investment is for practices to deliver the following outcomes:

- Better value for the NHS pound
- Better health outcomes for Bolton people
- Improvements in the quality of services offered
- Improved and better access to general practice

3. Benefits for practices

The investment provides two clear benefits for practices:

1. Increasing/maintaining staffing capacity to meet rising demand year on year
2. Guaranteed, and consistent, practice income

4. Options for the BQC 2023 - 2024 payment level pwp - DAVID

Each year the detail in the Specification is reviewed and agreed following an extensive consultation process with general practice, and system partners.

In addition, the payment level per weighted patient is determined by the PCCC.

The table below provides the detail on the options for 2023 - 2024:

		Global Sum	BQC Value			
		Rate	BQC Rate	Total Rate	£000s	List Size
2022/23		99.70	15.85	115.55	5,153	325,110
Like 4 Like	Option 1	102.28	15.85	118.13	5,153	325,110
	Uplift	2.59%	0.00%	2.23%	0	
Like 4 Like	Option 2	102.28	16.26	118.54	5,286	325,110
	Uplift	2.59%	2.59%	2.59%	133	
Like 4 Like	Option 3	102.28	16.14	118.42	5,246	325,110
	Uplift	2.59%	1.80%	2.48%	93	
Actual Predicted	Option 3	102.28	16.14	118.42	5,334	330,596
	Uplift	2.59%	1.80%	2.48%	181	

The financial impact of the 4 options are:

Options summary:

- Option 1 – BQC rate remains the same as prior year, £15.85, therefore no increase in funding.
- Option 2 – BQC rate increases in line with the Global rate 2.59% therefore increasing from £15.85 to £16.26. Based on a like for like list size the BQC payment would increase by £133k.
- Option 3 - BQC rate increases in line with the GM budget inflation rate 1.80% therefore increasing from £15.85 to £16.14. Based on a like for like list size the BQC payment would increase by £93k.

5. Recommendation

GM ICB has mandated inflation increases for 2023/24 (in line with national guidance) and local enhancement schemes have been awarded a 1.80% increase.

This makes option 2, an increase of 2.59% matching the Global percentage, unaffordable for the Bolton Locality.

This paper is recommending Option 3, an increase of 1.80%, which is a like for like increase in the overall BQC payment of £93k whilst allowing the Locality to remain within its delegated budget.

N.B. The table above also presents the Option 3 rate of £16.14 aligned to the latest list size, as at 01/01/2023) of 330,596 giving an BQC value for 2023/24 of £5,334k

The Primary Care Commissioning Committee (PCCC) is being asked to discuss the options, and recommend a preferred option for BQC payments for 2023 – 2024.

Subsequently, the PCCC recommendation will be ratified at a future Locality Board meeting.

Practices will be notified of the agreed payments, at the same time as they receive their formal specification.

David Hughes/Lesley Hardman