

20 June 2014

Ms Rosamond Roughton/Dame Barbara Hakin  
National Director: Commissioning Development/Chief Operating Officer  
NHS England  
Commissioning Development Directorate  
Room 4N28, Quarry House  
Leeds  
LS2 7UE

Dear Ms Roughton and Dame Barbara

### **Expression of Interest in Co-commissioning Primary Care Services – NHS Blackpool CCG**

NHS Blackpool CCG would like to express interest in co-commissioning of primary care services for the population of Blackpool.

We would like to agree full delegated commissioning responsibilities covering:

- Monitoring quality of care, including monitoring clinical outcomes, QOF, reducing variation and monitoring and supporting practices to improve patient experience
- Monitoring performance against contracts, including provision of intervention and support where appropriate
- Negotiation of local aspects of contracts including enhanced services and local contracts including reviewing PMS contracts and APMS contracts
- Managing the market, including strategy and implementation around new practices, mergers, procurements and supporting practices to look at and develop new organisational forms
- Premises, including reimbursements and strategy for out of hospital estates.

We would wish to take on delegated budgets for all General Practice and enhanced services, QOF, premises and IT, although we accept that this is likely to take the form of indicative budgets until April 2015. This action supports the delivery of our strategic plan by giving us the ability to shift resources into primary care and ensure we are able to design and implement effective incentive systems that enable us to control secondary care spending and reallocate funding to our out of hospital strategies.

NHS Blackpool CCG has a strong track record of delivery in a difficult Health environment. Issues of deprivation and wider determinants of health lead to extremely poor health outcomes and wide health inequalities in many areas, despite good provision of Primary Care. We see that the key to addressing these challenges, as well as those posed by the difficult financial climate in the NHS, lies in successful implementation of our five year strategic plan and shorter term delivery plan to fully integrate primary,

community and social care services, including mental health services, within neighbourhoods based around groups of GP Practices. The services will work as single teams, coordinating care around patients with shared records, shared clinical and operational pathways and a single point of access for patients via the GP reception.

Our neighbourhood teams will have close links to local community and voluntary services, allowing us to fully realise the benefits of an active voluntary sector and maximise patient and public involvement in developing services for their neighbourhoods.

New models of care will deliver enhanced primary care on a wider scale and new teams of 'extensivist' physicians and health professionals will intensively case manage the highest intensity patients helping to deliver co-ordinated care to reduce avoidable emergency admissions. This approach is fully supported by Blackpool Council and the Health and Wellbeing Board as well as by our member practices.

Delegated responsibility for primary care commissioning will enable us to move at pace to deliver this strategy, removing the barriers which the current commissioning arrangements of multiple, separate commissioners put into the system and ensure formal contractual and financial arrangements are fully aligned.

We will be able to deliver a single, coherent strategy for Blackpool, and have the ability to move resources released by reducing use of secondary care services to properly invest in the whole spectrum of transformed out of hospital services, using the Better Care Fund as a catalyst to create shared commissioning and financial arrangements for health and social care. I have attached a copy of the CCG Strategy for information and reference. We are committed to collaboratively working with all commissioners, in particular NHS England and Blackpool Council, to commission integrated services for the individual and enhance the central co-ordinating role general practice can play in supporting patients and their families.

We will work closely with practices, using robust data to benchmark quality outcomes and, where appropriate, to support practices to make improvement. We have a track record of using this approach combining regular supply of benchmarked data as well as individual practice visits reviewing clinical outcomes, prescribing information and utilisation of resource.

### **Capacity to Deliver**

We acknowledge that taking full delegated responsibility for commissioning primary care within existing resources will put a significant strain upon our current management capacity, if we are to remain within our running cost allowance. We believe, however, that the benefits of doing this are so great that we will commit to delivering the internal reorganisation required.

We have had an initial 'in principle' discussion with our CSU about incorporating commissioning of primary care into the support we receive.

The CCG also retained some of the PCT staff involved previously in primary care commissioning at the PCT, particularly the Head of Primary Care, so we are confident that we have staff with the necessary skills, experience and background to take on this challenge. We would however welcome a discussion with NHS England about the extent to which we could expect any of the current primary care commissioning staff to be released to work alongside our team.

## **Governance**

The CCG's established governance arrangements include a robust constitution that meets the requirement of legislation including standard financial management arrangements. Section 8 of the CCG's Constitution details the standards of business conduct required of employees, members, the Governing Body and its committees, including the obligation to declare conflicts or potential conflicts of interest. The Constitution details the arrangements to manage these conflicts to ensure that decisions made by the CCG are taken and are seen to be taken without any possibility of the influence of external or private interest.

The CCG benefits from having four lay members on the Governing Body, which is above the national requirement; this ensures an objective and external perspective and challenge to the decision making process. In collaboration with NHS England the CCG will ensure robust governance arrangements are in place to deal with commissioning of primary care and ensure compliance with the NHS code of conduct. The CCG proposes to establish a Primary Care Sub-Committee of the Governing Body with clear terms of reference, chaired by a lay member with membership to include lay members, CCG managers, other stakeholders such as Health and Wellbeing Board (HWBB) members and patient representation. Governing Body GPs would not be included in the membership of the Primary Care Committee. This Committee will be responsible for decisions relating to primary care providers and for decisions involving investment in primary care services.

The Primary Care Sub-Committee will provide clear, transparent decision making around primary care issues and will enable the CCG to clearly demonstrate proper regard for conflicts of interest in this area. All key decisions will be formally reported to the Governing Body at its meetings held in public, which will ensure transparency of the decision making process.

The CCG will work with NHS England to ensure that monitoring and evaluation arrangements are included within the CCG assurance meetings as part of the mutual assurance process.

## **Stakeholders**

The CCG has a Members Council, the members of which are the Representatives of each of the 24 Member Practices. The Members Council also doubles as our quarterly Practice Link Meeting, the aims of which are to:

- Provide wider clinical input into clinical commissioning decisions
- Provide Member Practice input on CCG governance issues needing the approval of Member Practices
- Provide opportunities for sharing best practice for localities and work-streams.

Because the Members Council is a formally constituted committee of the CCG, we maintain a Register of Interests of the members to ensure that conflicts of interest are managed appropriately.

The CCG has an established primary care development work stream within its existing structure which benefits the whole system through primary care expertise and local knowledge to help shape the overall strategy. We have actively engaged constituent practices and have well established means of communication and involvement with Practice Managers, Practice Nurses and GPs. We have discussed the principles of co-commissioning primary care services with practices and have their overwhelming support and confidence of our ability to deliver this.

Healthwatch Blackpool have committed to leading on the engagement of patients, service users and the public to inform the development of plans. Healthwatch have successfully held two interactive events with members of the public and service users, to consider and debate the health issues in Blackpool. Healthwatch will facilitate patient participation group engagement across Blackpool to further include patients and carers.

The 2014 CCG 360 Stakeholder Survey demonstrated excellent working relationships between stakeholders and the CCG. Out of 28 questions asked of all stakeholders, in the areas of Engagement and listening to views; acting on suggestions and working relationships; commissioning decisions; leadership; quality of services, plans and priorities; and the CCG's wider contribution, Blackpool CCG scored more highly than the average score across all CCGs in England, and more highly than the average score across Lancashire CCGs on 26 of the questions.

### **Summary**

In summary therefore, NHS Blackpool CCG believes that developing robust co-commissioning arrangements with NHS England (and other commissioners) is an essential step to deliver truly integral services at the scale and pace required, to meet the local and national challenges. We believe we have an excellent track record of delivery in an area with many challenges and our strong, well established and effective partnership working provides a solid foundation for success.

Yours sincerely



Dr Amanda Doyle OBE  
Chief Clinical Officer