

Report to:	Health and Wellbeing Board
Relevant Officer:	Amanda Doyle, Blackpool Clinical Commissioning Group
Relevant Cabinet Member	Councillor Simon Blackburn, Leader of the Council
Date of Meeting	28 th January 2015

NEXT STEPS TO PRIMARY CARE CO-COMMISSIONING

1.0 Purpose of the report:

1.1 This report gives a summary of the NHS England paper ‘Next steps towards primary care co-commissioning’ published in November 2014. ‘Next steps’ offers Clinical Commissioning Groups the opportunity to assume greater power and influence over the commissioning of primary medical care from April 2015. It gives Clinical Commissioning Groups the opportunity to choose one of three co-commissioning models as follows:

- **Greater involvement in primary care decision-making** – potential for involvement in discussions but no decision-making role. No new governance arrangements will be required as this is unlikely to create any increased conflicts of interest
- **Joint commissioning arrangements** – jointly with NHS England area teams through a joint committee. New governance arrangements will be required
- **Delegated commissioning arrangements** – full responsibility for commissioning general practice services delegated to Clinical Commissioning Group. New governance arrangements will be required

2.0 Recommendation(s):

2.1 To note that Blackpool Clinical Commissioning Group has submitted an application to NHS England, to take on full delegated arrangements from April 2015.

2.2 To note that Blackpool Clinical Commissioning Group has discussed the principles of co-commissioning primary care services with practices and has received overwhelming support and confidence of the ability of the Clinical Commissioning Group to deliver this. Amendments have been made to the Clinical Commissioning Group’s constitution including the approach to managing conflicts of interest.

3.0 Reasons for recommendation(s):

- 3.1
- Primary care co-commissioning is one of the changes set out in the *NHS Five Year Forward View*. Co-commissioning is a key enabler in developing seamless, integrated out-of-hospital services, driving the development of new models of care
 - Co-commissioning will give CCGs more control of the wider NHS budget, enabling a shift in investment from acute to primary and community services. Delegated responsibility for commissioning supports delivery of our strategic plan, giving us the ability to shift resources into primary care. This will ensure that 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
 - Primary care co-commissioning is the beginning of a longer journey towards 'place-based commissioning' where different commissioners come together to jointly agree commissioning strategies and plans, using pooled funds for services for a local population. Delegated responsibility will enable Blackpool CCG to successfully implement 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 and larger population based delivery of care. Extending the role of primary care increases the local offer to our resident population.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

3.3 Other alternative options to be considered:

None

4.0 Council Priority:

4.1 The relevant Council Priorities are:

- Safeguard and protect the most vulnerable
- Improve health and well-being especially for the most disadvantaged

5.0 Background Information

5.1 Strategic Aims

In addition to the points made in under reasons for recommendations, delegated responsibility will enable Blackpool Clinical Commissioning Groups to move at pace to develop new local enhanced services and take the opportunity to vary existing contracts to deliver its strategy.

Blackpool Clinical Commissioning Group has strong working relationships with practices and will continue to work closely with them, using robust data to benchmark quality outcomes and where appropriate, to support practices and neighbourhoods to improve quality, reduce variation and improve the patient experience. Blackpool Clinical Commissioning Group has 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.

The Clinical Commissioning Group 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. It has actively engaged constituent practices and has well established means of communication and involvement with Practice Managers, Practice Nurses and GPs.

5.2 Services in scope 2015-2016 and considerations for 2016-2017

The scope in 2015-2016 is general practice services only. Clinical Commissioning Groups will have the opportunity to discuss dental, eye health and community pharmacy commissioning with their area team and local professional networks but will have no formal decision-making role. Extending Clinical Commissioning Group responsibility in dental, eye health and community pharmacy will be considered for 2016-2017.

5.3 **Joint commissioning and full delegated commissioning arrangements in general practice services**

This will include:

General practice commissioning (GMS, PMS and APMS contracts), including the design of PMS and APMS contracts, monitoring of contracts and practice performance management, primary care commissioning budget management, complaints management, taking contractual action such as issuing branch/remedial notices, and removing a contract

Newly designed enhanced services (LES and DES)

Clinical Commissioning Groups assisting and supporting NHS England in securing continuous improvement in the quality of primary medical services

Design of local incentive schemes as an alternative to QOF

Review and plan primary medical services by varying or renewing existing contracts for primary care provision, including establishment of new GP practices, and approving practice mergers

5.4 **Individual GP performance management**

Co-commissioning excludes all functions relating to individual GP performance management (medical performers' list, appraisal and revalidation). NHS England will continue to be responsible for administration of payments and list management. The terms of GMS contracts and nationally determined elements of PMS and APMS contracts will continue to be set out in regulations and directions and cannot be varied by Clinical Commissioning Groups

5.5 **Governance**

NHS England has developed a model governance framework for delegated commissioning arrangements to support Clinical Commissioning Groups. A new national framework for conflicts of interest in primary care co-commissioning, was published in December 2014. This guidance recommends that Clinical Commissioning Groups establish a Primary Care Commissioning Committee, to oversee the exercise of the delegated functions. This committee will be chaired by a Lay Member and have a Lay and Executive majority. A local Health Watch representative and a local authority representative from the Health and Wellbeing Board will join the committee as non-voting attendees.

There will be national training for lay members to support and strengthen their role. There will be a strengthened approach to the register of interests and a register of procurement decisions.

NHS England will develop a revised Clinical Commissioning Group Assurance Framework for 2015-2016 which will include on-going assurance of primary care co-commissioning arrangements, in particular, governance arrangements and conflicts of interest.

5.6 Does the information submitted include any exempt information? No

5.7 **List of Appendices:**

None

6.0 **Legal considerations:**

6.1 None

7.0 **Human Resources considerations:**

7.1 None

8.0 **Equalities considerations:**

8.1 None

9.0 **Financial considerations:**

9.1 Co-commissioning will give Clinical Commissioning Groups more control of the wider NHS budget, enabling a shift in investment from acute to primary and community services and reallocation of funding to our out of hospital strategies.

Primary care co-commissioning is a key enabler in moving towards 'placed based commissioning', where commissioners will come together to jointly agree commissioning strategies and plans, using pooled funds for services for a local population.

10.0 **Risk management considerations:**

10.1 Clinical Commissioning Groups have the responsibility for the majority of healthcare commissioned services, yet to date have been unable to fully join up their commissioning plans and utilise a broader range of commissioning 'levers' to cover general practice.

10.2 Clinical Commissioning Groups currently have to rely on the much more distant Area Teams (ATs) to commission services, with their lack of local knowledge and underdeveloped relationships with local practices.

10.3 Transactional elements of commissioning have been difficult to progress effectively, including such things as premises development and the transformational agenda.

The current model of commissioning has not worked and that it is now essential that Clinical Commissioning Groups are able to become much more engaged in local commissioning of general practice

10.4 Under the current model of commissioning, Clinical Commissioning Groups are:

- Hindered from taking a holistic and integrated approach to improving healthcare for their local populations, due to their lack of say over the commissioning of both primary care and some specialised services
- Unable to unlock the full potential of their statutory duty to help improve the quality of general practice for patients

10.5 At the same time, individual GPs will also be conflicted in specific decisions about primary care commissioning. So, in order to harness the benefits of co-commissioning, yet guard fully against the risks, robust new and transparent arrangements for managing perceived and actual conflicts of interest have been developed.

11.0 Ethical considerations:

None

12.0 Internal/ External Consultation undertaken:

12.1 Full consultation with all GP practices has taken place. The overwhelming majority of practices voted to support full delegated arrangements.

13.0 Background papers: -

13.1 Next Steps NHS England paper

<http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

Conflict of Interest paper

<http://www.england.nhs.uk/wp-content/uploads/2014/12/man-confl-int-guid-1214.pdf>

RCGP Risks and opportunities paper

http://www.gpcwm.org.uk/wp-content/uploads/2012/06/NHSCC_RCGP-Risks-and-opportunities-for-CCGs-in-primary-care-commissioning-1-Dec-2014.pdf