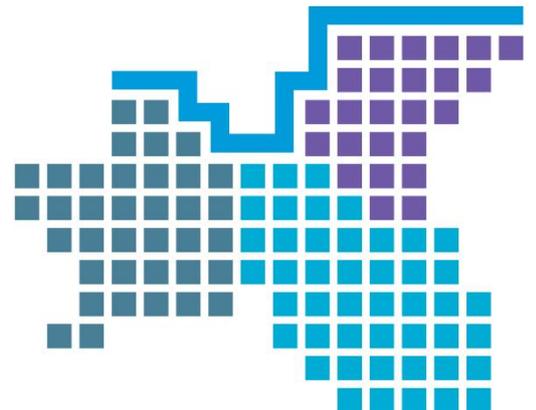


Primary Care Commissioning – Next Steps to Transforming Primary Care

July 2015

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Executive Summary

The NHS Five Year Forward View outlines the importance of building strong general practice and highlights in particular how the ability to provide neighbourhood level access to a family doctor is one of the greatest strengths of the NHS. Strategically it is also a core element to improving the out of hospital care offer. Becoming more involved in the commissioning of general practice provides CCGs with an opportunity to offer much better care for patients and the local population. There are also a number of strategic priorities and primary care programmes that support the development of primary care; delivering effective Primary Care Commissioning should be seen as a catalyst to supporting the development and implementation of these strategic frameworks and improvement programmes.

For Wandsworth, having locally commissioned primary medical care services should be considered a key enabler in developing seamless, integrated out of hospital services based around the diverse needs of local populations. It will drive the development of new integrated out of hospital models of care, such as multi-specialist community providers and primary and acute systems

In January the Board agreed that Joint Commissioning in 2015/16 could potentially be the first step in moving towards fully delegated Primary Care Commissioning in the future. With delegated commissioning offering the greatest benefit overall in the ability to transform system-wide change at a local level, enabling the CCG to have direct responsibility in managing financial spend and allocating resources effectively.

Delegated Commissioning arrangements give CCGs full responsibility for commissioning general practice services. Delegated responsibilities will include:

- Contractual GP performance management
- Budget management
- Complaints management
- Design of local incentive schemes as an alternative to QoF and DESs
- Delegated commissioning arrangements will exclude any individual GP performance management. NHSE will also be responsible for the administration of payments and list management
- Legally NHSE will retain the residual liability for the performance of primary medical care commissioning. Therefore will require robust assurances that its statutory functions are being discharged effectively

Opportunities and benefits that exist within full delegation arrangements include:

- GPs in CCGs to have direct leadership to influence the development of investment in general practice
- Ability to design local schemes to replace QOF and DES contracts based on local knowledge
- CCGs will have more power to drive the five year forward view agenda
- Greater freedom for how primary care finances are used
- Local decisions closer to patients' needs
- Ability to use innovative commissioning to implement local priorities
- Better care for patients via joined up working
- Tailored services to meet the local needs of the patient population
- Local patients have greater opportunities to input and influence

However it is also acknowledged that full delegation entails a number of risks, which include:

- Perceived conflict of interest in relation to commissioning of services from member practices
- Staff resources from NHS England may not be enough once devolved
- The CCG will need to engage on primary care commissioning issues which will be resource intensive
- Additional funding to primary care may create pressure on other CCG commissioned areas

The following paper provides an update on our progress in developing a Primary Care Commissioning Programme in Wandsworth (previously referred to as co-commissioning) and looks to seek agreement in our approach in taking the programme forward.

This paper will outline the benefits and risks associated with taking on fully delegated commissioning arrangements from 2016/17 and includes the proposed next step and details of the comprehensive engagement with our Members and the Public.

1.0 Introduction

This paper provides a briefing to the Wandsworth CCG Board on our progress in developing a Primary Care Commissioning Programme in Wandsworth (previously referred to as co-commissioning). The Board is asked to discuss the proposed approach of utilising the opportunities associated with the programme to support our primary care transformation agenda. This paper will outline the benefits and risks associated with taking on fully delegated commissioning arrangements from 2016/17 and includes the proposed next steps to take this work forward, looking at the resources and capacity to deliver a successful programme. It will also include details of the comprehensive engagement that has taken place to inform the decision making process, both with our Members and the Public.

Co-commissioning sees the bringing together of primary medical services, community services and hospital care commissioning to enable us to properly address issues of variation in the delivery of proactive, accessible and co-ordinated care, and provides an opportunity to modernise services for our local populations in a way that optimises the use of resources and targets these more accurately.

For Wandsworth having locally commissioned primary medical care services should be considered a key enabler in developing seamless, integrated out of hospital services based around the diverse needs of local populations. It will drive the development of a new integrated out of hospital model of care, the the multi-specialist community provider. Effective Primary Care Commissioning could also lead to a greater consistency between outcomes measures and incentives used in Primary Care services and wider out of hospital services.

Primary Care Commissioning is a longer journey towards place based commissioning where different commissioners come together to jointly agree commissioning strategies and plans, using local intelligence, and potentially pooled resources to deliver services for the local population.

2.0 Background

In January 2015 the Wandsworth CCG Board agreed that the best option to delivering co-commissioning in 2015/16 was through joint commissioning arrangements with NHS England and the five other South West London CCGs, via a joint committee across South West London. It was agreed that Joint Commissioning was a suitable approach for 2015/6 which would see us on a journey towards taking on fully delegated primary care commissioning in the future. It was considered that the Joint Commissioning arrangements in place for 2015/16 will enable CCGs to develop the capacity, capability and expertise to commission general practice in the future, by delivering improvements at scale and pace whilst managing the potential risk associated with conflicts of interest and resource pressures.

2.1 Primary Care Transformation

The NHS Five Year Forward View outlines the importance of building strong general practice and highlights in particular how its ability to provide neighbourhood level access to a family doctor is one of the greatest strengths of the NHS. Strategically it is also a core element to improving the out of hospital care offer. CCGs becoming more involved in the commissioning of general practice provides an opportunity to offer much better care for patients and our local population. There are also a number of strategic priorities (see below) and primary care programmes that support the development of primary care; delivering effective Primary Care Commissioning should be seen as a catalyst to supporting the development and implementation of these strategic frameworks and improvement programmes.

“The introduction of co-commissioning is an essential step toward expanding and strengthening primary medical care” The NHS Five Year Forward View October 2014.



The Vision for Primary Care in Wandsworth is that *‘Over the next five years, Wandsworth CCG will work with General Practices to ensure services are high quality and accessible to the local population and to ensure patients are pro-actively supported to maintain their health and remain safely at home for as long as possible’.*

This will be enacted through three key work-streams:

- Accessible Care: delivering personalised, responsive, timely and accessible services
- Pro-active Care: supporting and improving the health and wellbeing of the population, self-care, health literacy and keeping people healthy
- Co-ordinated Care: providing patient-centred, coordinated care and GP-patient continuity

Delivering an effective Primary Care Commissioning Programme will support these key work-streams; creating a mechanism whereby these initiatives can be delivered within the context of the wider primary care transformation programme.

3.0 Context

In January the Board agreed that Joint Commissioning in 2015/16 could potentially be the first step in moving towards fully delegated Primary Care Commissioning in the future. The Board recognised that transformation of local healthcare services would only be possible if out of hospital services were extensively redesigned and developed. General practice services would be a pivotal part of any new model and being able to directly commission primary care at a local level would be an important tool to deliver this new healthcare landscape. Fully delegated commissioning arrangements offer the greatest likelihood of success in achieving transformational system-wide change at a local level, through enabling the CCG to have direct responsibility in managing financial spend and allocating resources effectively. It delivers the greatest opportunity to effect change at pace and the possibilities associated with implementing new models of care as part of the wider transforming primary care agenda.

3.1 Primary Care Functions Associated with Co-Commissioning

GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract

- Unacceptable variations in care can be identified by monitoring a variety of national and local data and information sources in order to improve learning across providers and inform future commissioning

Newly designed enhanced services and designing local incentives schemes as an alternative to QoF

- Both give the freedom to develop local incentives unique to Wandsworth's health and social care economy based on local intelligence, demographic data, to know what's right for their local population.

Ability to establish new GP practices in an area

- Review the options for improving technology and facilities to develop modern health care services
- Review the workforce and explore opportunities for clinicians and other healthcare professionals to deliver quality care that meets the needs of patients and carers

Approving practice mergers

- The Delegated Authority Agreement requires CCGs to have a specific strategy for premises to act as a point of reference for decisions. This needs to align with a clear vision for primary care and how it works with other parts of the system.

Making decisions on discretionary payments i.e. parking and maternity

3.2 Opportunities & Benefits of Full Delegation

Delegated Commissioning arrangements give CCGs full responsibility for commissioning general practice services. Legally NHSE will retain the residual liability for the performance of primary medical care commissioning and as such NHSE will require assurance that its statutory functions are being discharged effectively by the CCG. The formal liability for primary care commissioning for legal reasons will remain with NHS England although individual CCGs will remain accountable for meeting their statutory duties for instance in relation to quality, financial resources and public participation.

Delegated responsibilities will include:

- Contractual GP performance management
- Budget management
- Complaints management
- Design of local incentive schemes as an alternative to QOF and DES contracts

- Delegated commissioning arrangements will exclude any individual GP performance management. NHSE will also be responsible for the administration of payments and list management
- Legally NHSE will retain the residual liability for the performance of primary medical care commissioning. Therefore will require robust assurances that its statutory functions are being discharged effectively

Delegated commissioning excludes functions reserved to NHS England but CCGs will be expected to work collaboratively with NHS England and will assist and support NHS England to carry out these Reserved Functions. These Reserved Functions include individual GP performance management, administration of payments and performers list management, Section 7A (Public Health) functions and funds, capital expenditure functions and funds, complaints management and decisions in relation to the Prime Ministers Challenge Fund.

Fully Delegated Commissioning offers an opportunity for CCGs to assume full responsibility for commissioning general practice services. Opportunities and benefits that exist within full delegation arrangements include:

- GPs in CCGs to have direct leadership to influence the development of investment in general practice
- CCGs will be best place to commissioning primary, community and secondary care in holistic and integrated manner
- Ability to design local schemes to replace QOF and DESs based on local knowledge
- CCGs will have more power to drive forward the five year forward agenda
- Greater freedom for how primary care finances are used
- Local decisions closer to patients needs
- Ability to use innovative commissioning to implement local priorities
- Better care for patients via joined up working
- Tailored services to meet the local needs of the patient population
- Local patients have greater opportunities to input and influence
- Creates the ability to develop and commission end to end care

Local commissioning of primary care will enable GPs to play a greater role in prevention and health promotion at a local level through greater collaboration with the Local Authority Public Health Team. GPs are well placed to understand the needs of their local population and as such can tailor prevention initiatives to meet these needs. The benefits of closer working with the Local Authority to address health inequalities could be realised, along with opportunities to address the wider determinants of health through commissioning outcomes-based primary care services.

Adopting fully delegated arrangements for Primary Care Commissioning Services enables patients to have a greater opportunity to influence local service delivery as CCGs will be able to take a more active role in commissioning primary care service. This will mean the provision of local services that are better suited to address local needs and priorities. By delivering more joined up services we can ensure a better patient experience e.g. if we want to have better access to care over the weekend or out of hours, this can be achieved as a result of GPs working closely together. The more GPs work together to address this issue, the greater the likelihood that we will be able to make it a reality.

3.3 Risks Associated with Fully Delegated Commissioning

The choice on whether we wish to move towards a fully delegated approach in 2016/17 is not without its risks and it is proposed that the CCG Primary Care Commissioning Implementation Group

work through identifying these risks and establish systems and/or processes to mitigate against these. Risks associated with adopting the fully delegated approach include:

- CCG has full accountability if it goes wrong
- Limited access to resources to perform well
- Performance management places tension between the CCG and its Members
- Increase in expectation from NHSE in contract management and complaints handling
- Failure to deliver effective commissioning plans will undermine the whole primary care transformation plan
- Reliant on IT and practice data sources being shared outside of Primary care
- Reputational risk if failure occurs

Under delegated arrangements there are additional risks in terms of the increased responsibilities associated with this option and there is lack of clarity from NHSE of the exact resources to be allocated and the impact of undertaking additional functions at an individual CCG level.

In delegated arrangements, where a CCG fails to secure an adequate supply of high quality primary medical care, NHS England may direct a CCG to act.

4.0 Progress to Date

4.1 Local progress

A Joint Locality Members Forum took place in May; which followed the previous co-commissioning focussed Forum in December at which it was agreed that the best option for 2015/16 would be to take forward Joint Commissioning arrangements as a step towards fully delegated primary care commissioning in the near future. The second workshop in May engaged Members in developing the strategy for co-commissioning including looking at the benefits of taking on fully delegated commissioning and where the functions associated with primary care commissioning could sit i.e. within Wandsworth CCG, South West London or NHS England. Members also had an opportunity to discuss the potential benefits of taking on fully delegated responsibilities and how these could benefit our patients.

There was a general consensus that the outcomes that fully delegated primary care commissioning could deliver would help support an improvement in quality and standards with value-added outcomes being delivered under the delegated arrangements, recognising that this option gave the CCG the ability to effectively commission end to end care with more influence over the commissioning of these services in order to deliver more efficient services for patients.

“enables the CCG to direct resources to ensure that we can look after the patient in the right way”

Members agreed that taking on fully delegated responsibilities was not without risk. For example. There may be a shift in relationships between practices and the CCG as commissioner and as contract/performance manager. Members were also aware that as an organisation any shift in the functions would have an impact on the capacity and capability of staff within the CCG. With this in mind it is clear that open and transparent channels of communication will be essential to support existing and emerging relationships across both our Members, the CCG, patients and the public and our local stakeholders.

4.1.1 Delivering the Functions as part of Delegated Commissioning

Members have had the chance to discuss the opportunities associated with the delivery of these Primary Care functions through fully delegated commissioning arrangements. As part of the Joint Locality members Forum, Members were asked to discuss where these functions (appendix 1) should sit in terms of organisational responsibility i.e. WCCG, South West London or NHS England. The outputs of the group work, in terms of those functions where there was a consensus from the Members as to where these would be best placed was as follows:

Wandsworth CCG

- Making decisions on discretionary payments
- Performance Monitoring of Contracts
- Authorising payments for practice
- Monitoring of quality
- Designing local incentive schemes as an alternative to QoF

South West London

- Workforce development

There were a number of functions where a consensus was not reached; further work will of course be undertaken to work up the requirements for each of these areas to allow for a consistent approach to delivering these functions. The exercise itself allowed member practices to consider in a practical way how organisations and systems may change in their roles and functions, and to this end was extremely helpful as part of the change process.

4.1.2 Local Engagement

Aside from direct engagement with Members via the Joint Locality Members Forums, Member Practices have all been sent the presentation and notes from the event for discussion locally. Presentations have also been made at all Locality Member Forums to inform and update localities on our approach to co-commissioning. The Locality Patient Forums, the Patient and Public Involvement Reference Group and the Practice Manager Forum have also been involved in discussions around our progress and principles of primary care commissioning; all with the aim of ensuring that these groups, patients and individuals are kept informed of the process and the direction of travel within the organisation.

The general response following these engagement activities is that there is consistent support for a move towards taking on fully delegated commissioning responsibilities from 2016/17 with each group recognising the benefits and opportunities associated with taking on these arrangements.

There have been some very positive suggestions from the Patient Forums and it is anticipated that these will be included in the work programme for delivering primary care commissioning in Wandsworth.

4.1.3 Local Workplan & Priorities

Primary Care Commissioning Implementation Group

A Wandsworth Primary Care Commissioning Implementation Group has been established to begin to operationalise the delivery of the programme as part of the wider Primary Care Transformation strategy. This group will have a core team who will ensure that the delivery of the programme aligns with the objectives as part of the wider transformation of primary care programme. Once

agreement has been approved to move forward with fully delegated primary care commissioning this group will be responsible for ensure the CCG are in a position to effectively carry out the delegated functions from 2016/17 onwards.

As such a priority will be to establish which functions will sit at each level e.g. CCG or South West London to ensure that resource capacity is available to support at each level.

A key mechanism for driving forward Primary Care Commissioning is ensuring that Public Health and the Local Authority are intrinsic in the development of local priorities in terms of providing local knowledge, support in gathering local intelligence, and developing evidence based programmes which can be supported by robust governance and evaluation and in order to effectively commission locally driven primary care services. Further work will be undertaken with Public Health and the Local Authority to understand how they can best support this process and how we might work to align primary care services in the future.

Resources and Capacity

As part of our local implementation plan a more detailed scoping exercise will be undertaken which will identify capacity across the Primary Care Directorate and the wider organisation to look at how we can support the delivery of Primary Care Commissioning as part of the wider transforming primary care programme. The Implementation Group will need to identify the functions that will be transferred to the CCG as part of fully delegated and therefore the resources required to maintain these within the organisation.

Even if we collaborate at a South West London level on some functions we will still be able to retain the decision making at a local level and as such need to ensure that we have the resources, capacity and capability to oversee the delivery of all aspects of Primary Care Commissioning.

4.2 Progress at South West London

The Joint Committee was formed in April with the first meeting in May at which the governance arrangements for the Committee were formalised. This included agreeing the details within the Memorandum of Understanding (MOU), Terms of Reference and the Operating Model for the Committee. Carol Varlaam, our Lay Board Representative was elected the Chair of the Joint Committee.

Previously the Board had been sighted and agreed the term of reference for this committee, since then the Memorandum of Understanding (MOU) which describes the roles and responsibilities of each member and organisation, has been agreed by the Joint Committee.

Roles and Responsibilities of the CCG as detailed in the Memorandum of Understanding include:

4.2.1 Role of CCG Members

- Three representatives from each CCG; this must include at least one Lay Member and can include CCG Chair, Chief Officer and Lay Member
- The membership will meet the requirements of the named CCG's constitutions
- The Chief Officer of each CCG is responsible for reporting out from the JC to their Governing Body, providing a verbal summary of the work of the JC at each Governing Body.

There will be a number of additional working groups established as part of the Joint Committee's overarching work plan. These include groups focussing on contractual action, finance, quality improvement, innovation and estates. A number of these groups will also require representation

from each CCG e.g. on the quality improvement group 2 clinicians will be required from each CCG to assist in prioritising quality improvements to the Joint Committee.

4.2.2 Responsibilities of each CCG Working group

- Identify staff/names resources who will be responsible for providing local intelligence and information around the various issues in each CCG
- Liaise with GP practices and other primary care providers in conjunction with NHSE on issues arising for practices in each CCG
- Providing the relevant data and information on issues to be discussed as per the agenda of each Joint Committee
- Identify and discuss with their CCG members, any particular matters on the agenda which are unable to be discussed in public and make this known to the Joint Committee Governance support.

It is also anticipated that there will separate Working Groups across South West London that will lead on Contractual Action, Finance, Quality Improvement, Innovation and Estates. It is also the responsibility of each CCG's Members on the Committee to ensure that the joint commissioning risks are appropriately reflected on individual CCG risk registers and Governing Body Assurance Frameworks.

The current MOU is intended to support the Joint Committee for 12 months from the 1st April 2015. There will be a review during the first half of the year in order to consider the future approach or any potential movements by member organisations to a new commissioning arrangement.

'Where any or all organisations decide not to extend or to withdraw from the agreement they are required to give a least 6 months' notice of their intention to the Chair of the Joint Committee in order that employing organisations are able to meet their legal and organisational obligations to their employee.'

5.0 Next Steps

The requirement to give 6 months' notice means that the Wandsworth CCG and the other CCGS within the Joint Committee will have to make a formal decision at our September Board, confirming our future plans and our approach from 2016/17 in order to align with the timescales set by NHS England.

NHS England has recently released a new Gateway Guidance which includes details of the Primary Care co-commissioning submission and approval process for 2016/16. This guidance states that:

- CCGs will need to submit their proposal by midday **Friday 2nd October 2015**.
- Regions will work with CCGS prior to submission to ensure that the submissions provide all the necessary information and documentation. The paperwork will be reviewed to simplify the process.
- As during the 2014/15 process, regional panels will meet to review the proposals and make recommendations to a national panel on which proposals to take forward.
- National moderation will be provided by the Primary Care Oversight Group (PCOG), week commencing 19th October 2015
- PCOG will make recommendations to an Executive Scrutiny Group week ending **6th November 2015** and CCGs will then be notified of the outcomes of their application.

If we wish to move forward with an approach that would see Wandsworth CCG take on Fully Delegated approach then we would seek to:

- Move to agree which functions should be delivered at which level, both at CCG and South West London Level
- Ensure that there is sufficient resource within the organisation to manage the delegated functions
- Ensure that a baseline period to embed any new arrangements is built in to our planning process with NHS England
- Prior to accepting any changes from NHS England in authority arrangements seek assurance on the resource and financial allocation

Once agreement has been sought by the Board to move forward with planning for fully delegated commissioning arrangements an additional paper will be presented at the September Meeting which will provide more detail as to the impact and requirements in order to successfully achieve our plans.

6.0 Conclusions & Recommendations

The Board are asked to note our progress locally in building a programme that sees Wandsworth CCG opt for Fully Delegated Primary Care Commissioning arrangements from 2016/17. To date this is considered the most appropriate way forward because:

- Offers the CCG greater opportunity to achieve the Wandsworth CCG Strategic Priorities including transforming primary care as part of the wider development strategy
- Enables the CCG to respond to the increasing local pressure on primary care commissioning staff by building capacity and skills both at CCG level and across South West London
- Supports the development of streamlined patient pathways and efficient health systems, in which patients are able to access the services they need, in the right place, at the right time and delivered by the most appropriate professional.

An additional paper will be presented to the Board in September that will seek formal approval to move to Delegated Commissioning Arrangements in line with the timeline and approach across South West London.