

## Primary Care Co-Commissioning

### Agenda item 9

Date	3 March 2015
Board Sponsor	Simon Hairsnape, Accountable Officer for Redditch and Bromsgrove CCG and Wyre Forest CCG.
Author	Jan Butterworth, Head of Primary Care, Redditch and Bromsgrove CCG, and Wyre Forest CCG and Lynda Dando, Head of Primary Care Development South Worcestershire CCG
Relevance of paper	<b>Priorities</b>  Changes to the commissioning of primary care medical services which will benefit all patients in Worcestershire.
Item for	Consideration
Recommendation	<b>1. That the Health and Well-being Board is asked to:</b>  a) <b>Note the changes being put in place for both Joint Commissioning and Delegated Commissioning and the proposals for new models of Primary Care</b>  b) <b>Note an invitation for a Local Authority member of the Health and Well-being Board to join the Joint Committee between NHS England, Redditch and Bromsgrove CCG and Wyre Forest CCG as a non-voting member.</b>
Background	2. When the NHS Commissioning Board (NHS England) came into place in 2013 there was a very clear line drawn between the CCGs, NHS England and Local Authorities regarding who should be the commissioner of different primary care services, with NHS England remaining responsible for the direct commissioning of core GP, dental, optometry and pharmaceutical contracts. CCGs and NHS England worked together on improving the quality of primary care medical services but NHS England retained responsibility for both practice

performance and any individual GP performance issues.

3. However it soon became clear that local Health Economy systems had become fragmented and it had become more difficult to provide joined up care, in response to patient need.
4. In 2014, in recognition of this, NHS England invited CCGs to take an increased role in the commissioning of primary care medical services. CCGs, through the direct involvement of their GPs, have a deep understanding of the complexities of primary care and are in a good position to further improve the quality of services in their local area.
5. These new arrangements will give CCGs the opportunity to assume greater power and influence over the commissioning of primary medical care and will come into place from April 2015. These arrangements will be called Co-Commissioning.

6. **Benefits of Co-Commissioning**

- Improved access to primary care and wider out-of-hospital services with more services available closer to home.
  - A more integrated system that is affordable and yet provides high quality services which better meet local needs.
  - Greater consistency between outcome measures and incentives to gain better health outcomes, equity of access, and reduced inequalities.
  - A more collaborative approach to designing local solutions, around premises and IT systems.
  - Enable a continuous improvement in the quality and access to care provided by GP practices.
  - A better patient experience through more joined up services.
7. In future CCGs could also have responsibility for the commissioning of dental, eye health and pharmaceutical services, although these are more complex, as they have a different legal framework to the commissioning of primary medical services. This could then lead on to place based commissioning and would form the building blocks for new models of care as described in the Five Year Forward Plan produced by NHS England.

8. CCGs were asked to respond to three options for Co-Commissioning in 2015/16. These were:-
  1. Greater involvement in primary care decision making with NHS England.
  2. Joint Commissioning arrangements with NHS England.
  3. Delegated Commissioning arrangements with the CCG commissioning GP services directly.
9. Redditch and Bromsgrove CCGs and Wyre Forest CCGs have applied for Joint Commissioning arrangements with NHS England from April 2015 with a view to progressing to Delegated Commissioning in 2016. The two CCGs have recently engaged a Head of Primary Care, in preparation for the new arrangements in April 2015.
10. South Worcestershire CCG have applied for Delegated Commissioning from April 2015, as, unlike many CCGs, they incorporated a Head of Primary Care into their team when they became a CCG, and so have been able to move more quickly towards full delegation.

#### **11. Joint Commissioning Arrangements with NHS England**

These will enable Redditch and Bromsgrove and Wyre Forest CCGs to assume responsibility for jointly commissioning primary medical services with NHS England through a Joint Committee. In the interests of openness and the mitigation of conflicts of interest a local Healthwatch representative and a Local Authority representative from the Health and Well-being Board will have the right to join the committee as non-voting members. Meetings will take place in public. The committee will have to have a lay and executive majority, although GPs can be present as non-voting members. Health and Well-being boards and Healthwatch are under no obligation to nominate a representative but there should be significant mutual benefits from the involvement. For example it would support alignment in decision making across the local Health and Social Care system.

#### **12. Functions of the Joint Committee**

In 2015/16, joint commissioning arrangements will be limited to general practice services.

They will include:-

- The management of and monitoring of GP contracts

with the ability to take contractual action where needed.

- The design of new enhanced services within primary care.
- The design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF) if desired.
- The ability to establish new GP practices in an area if required.
- Approval of practice mergers.
- Make decisions on discretionary payments e.g. GP returner and retainer schemes to help reduce the current shortage of GPs.

### **13. Delegated Commissioning**

South Worcestershire CCG has applied for full delegated responsibility for the management of GP contracts.

The CCG will have responsibility for the following areas:-

- All GP contracts, including the management and monitoring of contracts, with the ability to take contractual action when needed.
- The design of new enhanced services within primary care.
- Design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF).
- The ability to establish new GP practices in an area if required.
- Approval of practice mergers.
- Make decisions on discretionary payments e.g. GP returner and retainer schemes to help reduce the current shortage of GPs.

NHS England will continue manage individual GP performance issues.

### **14. South Worcestershire CCG chose Delegated Commissioning:-**

- To deliver the best outcomes for their population.
- To support sustainable, high quality primary care – working at scale.
- To implement place based commissioning – ending the fragmentation of the commissioning of primary care services.

- To enable the commissioning of better and more integrated out of hospital care.
  - To promote innovation-local solutions.
  - To support the aligning of contracts and incentives across the system.
- Delegated commissioning will deliver and support change and will be a key enabler in the implementation of the Five Year Forward View.

## **15. Governance Arrangements**

NHS England has developed a model governance framework for delegated commissioning arrangements in recognition of the clear conflicts of interest scenarios which this opportunity creates - and which must be mitigated. A Primary Care Commissioning Committee (PCC Committee) has been established to oversee the exercise of the delegated functions. A model terms of reference has been developed. The PCC Committee is chaired by a lay member and has a lay and executive majority. The South Worcestershire CCG PCC Committee has started to meet in shadow form and is chaired by Trish Haines. A local Healthwatch representative and a Local Authority representative from the Health and Well-being Board have been invited as non-voting attendees.

## **16. New models of Primary Care within the Five Year Forward Plan**

It is well documented that GP practices are under considerable pressure with increased demands for appointments, due, partly to increased patient expectations, and a growing and ageing population with patients living with multiple long term conditions. The need for closer monitoring of these conditions, and the need to promote self-care and manage more conditions in the community, where funding has not kept pace with demand, means that primary care needs to look at new models of care.

17. The Five Year Forward plan produced by NHS England talks about how delegated commissioning could lead onto place based commissioning to provide strong primary care in the community. This is to provide more care for patients in their own homes, with a focus on prevention, promoting independence and support to stay well.
18. This will mean commissioners, providers, Local Authorities, Health and Well-being Boards and other

relevant organisations will have to work collaboratively, and benefit from their organisational interdependencies.

19. These models have been called:-

- Multispecialty community providers (MCPs).
- Integrated primary and acute care systems (PACS).
- Additional approaches to creating smaller viable hospitals.
- And models of enhanced health in care homes.

20. All of the new care models will have certain characteristics in common. Their shared purpose will be to promote the health and wellbeing of their local populations, to increase the quality of care for their patients, and to improve value for money within the available resources. All will redesign the way care is delivered and could demonstrate what the future NHS will look like. They aim to show what integration can really mean in practice, for different patient groups and local communities.

#### **21. Summary**

This report introduces the new ways of commissioning primary care services in Worcestershire and explains the decisions taken by Wyre Forest CCG and Redditch and Bromsgrove CCG to apply for joint commissioning arrangements with NHS England in 2015 moving to delegated commissioning in 2016 and the application for delegated commissioning arrangements from April 2015 for South Worcestershire CCG.

22. The Board is asked to note the changes being put in place for both joint and delegated commissioning and to note an invitation for a Local Authority member of the Health and Well-being Board to join the Joint Committee between NHS England, Redditch and Bromsgrove CCG and Wyre Forest CCG as a non-voting member.