

Social Care and Health Scrutiny and Performance Panel

18 December 2014

Report on NHS England's next steps towards primary care commissioning

Ward(s) All

Executive Summary:

NHS England is giving CCGs the opportunity to assume greater power and influence over the commissioning of primary medical care from April 2015. The ability for CCGs to become involved in commissioning primary care services has the potential to bring many benefits along with risks and opportunities.

The purpose of the report is to consult Scrutiny Panel on the co-commissioning options available to CCGs and to obtain their preferred option and the reasons why.

Reason for scrutiny:

To share with the Scrutiny Panel NHS England's offer to CCGs in terms of the three options for primary care co-commissioning as part of consultation with stakeholders. The views of all stakeholders will be taken into account by the CCG Governing Body on 18 December 2014 when a decision will be made in terms of the direction of travel.

The NHS England guidance was issued on 10 November 2014. It allows CCGs to choose from three models of primary care co-commissioning.

The first option of 'greater involvement in primary care decision-making' is in effect what is currently happening. It appears co-commissioning is here to stay and CCGs staying as they are may not be an option, particularly as other CCGs in the area are looking at full delegation.

Options 2 and 3: joint and delegated commissioning have the same scope but the functions of joint commissioning will need to be agreed by the CCG and Area Team and any other CCGs if agreed by the respective parties. All of the functions related to individual performance management ie medical performers' lists for GPs, appraisal, revalidation, administration of payments and list management are excluded from all three models.

NHS England sees co-commissioning as an essential step towards expanding and strengthening primary care and supports the NHS Five Year Forward View by giving CCGs more influence over the wider NHS budget, enabling a shift in investment from acute to primary and community services.

NHS England have highlighted that finding a way to ensure CCGs can access the necessary resources is a significant challenge and pragmatic and flexible local arrangements for 2015/16 will need to be agreed by CCGs and Area Teams.

It is challenging for CCGs to implement co-commissioning without an increase in running costs which is not forthcoming for 2015/16. It appears all of the options will have resource implications for individual CCGs.

Walsall CCG is considering the impact on strategic and operational plans; planning structures; existing resources; staff capacity, skills and experience; current CSU arrangements; constitutional changes; managing conflict of interest; consultation with member practices; timelines.

1. Primary care co-commissioning models

There are three primary care co-commissioning models CCGs could take forward:

1. Greater involvement in primary care decision-making:

- Potential for involvement in discussions but no decision making role
- Opportunity for involvement in performance management discussions
- No new governance arrangements required

2. Joint commissioning arrangements:

- Provides an opportunity to design a local incentive scheme as an alternative to the Quality and Outcomes Framework (QOF) or Directed Enhanced Services (DES); without prejudice to the rights of GMS practices to their entitlements, which are negotiated and set nationally and subject to consultation with the LMC.
- Includes contractual GP performance management, budget management and complaints management
- May vary or renew existing contracts for primary care provision or award new ones, depending on local circumstances and in line with public procurement regulations and with statutory guidance on conflicts of interest
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- Will require CCG constitutional amendments.

3. Delegated commissioning arrangements:

Functions the same as for joint commissioning but at individual CCG level.

Recommendations:

That:

1. *The Scrutiny Panel considers the co-commissioning options available to the CCG, with particular regard to opportunities, risks, impact and timelines.*
2. *The Scrutiny Panel confirms to the CCG their preferred option and reasons why.*

Background papers:

1. NHS England: *'Next steps towards primary care co-commissioning'*, November 2014
2. Royal College of General Practitioners: *'The risks and opportunities for CCGs when co-commissioning primary care: things to consider when making your decision'*.

Citizen impact:

Commissioning primary medical care will assist the CCG to unlock the full potential of their statutory duty to help improve the quality of general practice for patients.

Environmental impact:

No environmental impact.

Performance management:

No impact on the Council's performance in respect of service delivery, policy, etc.

Equality Implications:

An Equality Impact Assessment has not been carried out.


Consultation:

Consultation has/is being carried out with the following organisations:

- CCG Governing Body
- CCG Member Practices
- Health and Wellbeing Board
- LA Scrutiny Panel
- Healthwatch
- Walsall Local Medical Committee
- CCG Primary Care Provider Committee
- Patient Representative Groups
- Other local CCGs

Contact Officer:

Bharat Patel – Head of Primary Care & Medicines Management

 01922 618399

Bharat.patel@nhswalsall.co.uk