

BOARD PAPER - NHS ENGLAND

Title: Primary Care Co-Commissioning

Lead Director:

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Purpose of paper:

- To update the Board on co-commissioning of primary care by clinical commissioning groups (CCGs).
- To propose a process for the assessment, approval and assurance of CCG proposals.

Actions required by the Board:

- To agree the framework for categorisation, assurance and approval process.
- To agree that the process is overseen by the CCG Assurance and Development Committee with 'approvals in principle' by autumn 2014.
- To recommend that any delegated budgets should be part of the CCG allocations from 1 April 2015.

Primary Care Co-Commissioning

Introduction

1. On 1 May 2014, the Chief Executive of NHS England announced plans to allow CCGs to develop new models for co-commissioning primary care (press release attached at Annex 1). NHS England expects that a number of benefits will arise including:
 - bringing a more holistic approach to commissioning services for a specific population;
 - achieving greater integration of health and care services, in particular more cohesive systems of out-of-hospital care that bring together general practice, community health services, mental health services and social care to provide more joined-up services and improve outcomes;
 - raising standards of quality (clinical effectiveness, patient experience and patient safety) within general practice services, reducing unwarranted variations in quality, and where appropriate, providing targeted improvement support for practices;
 - enhancing patient and public involvement in developing locally-tailored community based services; and
 - tackling health inequalities, in particular by improving quality of primary care in more deprived areas and for groups such as people with mental health problems or learning disabilities;
2. The potential scope for co-commissioning of primary care encompasses a wide spectrum of activity, including the assessment of needs, decision making on strategic priorities with Health and Wellbeing Boards, designing and negotiating local contracts (e.g. PMS), managing financial resources, and monitoring contractual performance.
3. It is envisaged that arrangements for managing the Performers List, revalidation and appraisal would fall outside the scope of any co-commissioning arrangements approved for 2015/16, and responsibility for community pharmacy services or dental services cannot be delegated by statute. In addition, given that primary eye care services are demand-led and governed by national regulations, it has been decided that these are also outside the scope of the current proposals.
4. Rather than imposing a single model of co-commissioning, this process of seeking expressions of interest has been designed to be permissive and locally flexible. CCGs' thinking will doubtless continue to evolve over time, so any expressions of interest received in the future will be assessed and approved on a continuous basis but schemes for delegation of primary care commissioning budgets will typically only be annual, in line with the CCG allocations process.

Expressions of Interest Received

5. CCGs were asked to submit their expressions of interest (EOI) to NHS England by 20 June 2014, indicating the form that the CCG would like co-commissioning to take and how they would like it to evolve.
6. There has been a very substantial response from CCGs who are clearly interested in taking greater co-commissioning powers. Three categories of interest have emerged:
 - Category A: greater CCG involvement in influencing commissioning decisions made by NHS England area teams;
 - Category B: joint commissioning arrangements; and,
 - Category C: delegated commissioning arrangements.
7. The EOIs submitted have set out the scope and form of the proposed co-commissioning arrangements, benefits realisation, timescales for implementation, impact monitoring and evaluation, governance arrangements and proposals to manage conflicts of interest.
8. 183 EOIs were submitted by the 20 June 2014 deadline.

Region	No. of CCGs in Region	No. CCG EOIs submitted
North	68	57
Midlands & East	61	47
London	32	30
South	50	49
TOTAL	211	183

Initial Review of EOIs and Desktop Review

9. On receipt of the EOIs, Area Teams undertook a desktop exercise to assess the state of readiness of each CCG's proposal.
10. Given the deadline for responses has only just occurred, an overview of these results will be provided verbally at the Board meeting.

Outline Process for Assessment and Approval

11. A different approvals and governance process is required for each of the three categories of interest in primary care co-commissioning:
 - Category A (greater involvement) is considered good practice and requires no formal process. NHS England Area Teams will be expected to put the appropriate arrangements in place.
 - Category B (joint commissioning) requires the appropriate governance arrangements and the creation of a “Committee in Common” across NHS England and the CCG(s). We are designing the appropriate framework for this new arrangement. Given that under this option funding will remain on the NHS England financial ledger, and that NHS England will remain party to all decision making, the establishment of the Committee in Common needs to be robust and all governance processes around it appropriate.
 - Category C (delegated authority) will require a comprehensive assurance process to satisfy NHS England that the CCG(s) has the capacity and capability to undertake this additional role, that the evidence of expected benefits to patients is clear, and that CCG governance arrangements, particularly in relation to conflict of interest, are robust. An assurance process, coordinated and managed in line with the broader CCG assurance process, is under development. We propose that the final approval of these schemes, and the granting of delegated authority, should rest with the CCG Assurance and Development Committee.
12. Details of the governance framework for Committees in Common, and the criteria and process for approving delegated budgets and commissioning responsibilities will be brought to the September 2014 Board Meeting for approval.
13. We propose that approvals in principle for schemes where budgets will be delegated will be given by the CCG Assurance and Development Committee meeting on 12 October 2014.
14. Those CCGs having approvals in principle for delegated primary care commissioning budgets will be subject to the allocations approval process, and will receive delegated budgets from 1 April 2015.
15. Area Teams will work with any CCGs who require further support to meet the requirements for approval. Those CCGs who are still unable to meet the required criteria will be asked to resubmit in the next wave.

Early Example - the Somerset practice quality scheme

16. On 13 June 2014, NHS England announced its support for a scheme to be developed by GP practices in Somerset who are to be offered the opportunity to participate in a pilot local quality scheme, designed collaboratively with Somerset CCG and the Local Medical Committee, as an alternative to the Quality and Outcomes Framework (QOF). Somerset CCG took the lead in

developing this pilot scheme, with input from the local Area Team, and so it represents an early example of co-commissioning.

17. GP practices in Somerset have an individual choice whether to participate in the QOF or in the local quality scheme for 2014/15. Practices that choose to take part in the local scheme will continue to provide the care set out in the QOF as clinically appropriate and will continue to report on this care. However, the funding they would otherwise have received on the basis of QOF performance will instead be used to recognise their contribution to helping develop more proactive, multidisciplinary and integrated care arrangements across health and care organisations in Somerset. Practices will also have to work together collaboratively to improve the sustainability of primary care services across Somerset for the benefit of patients.
18. The pilot will be independently evaluated by the South West Academic Health Science Network. This will include assessing the impact on a range of health outcomes, including patients' confidence in managing their long term conditions, the impact on health inequalities and on the use of secondary care services. NHS England has emphasised that we will be closely monitoring the impact of the new arrangements; that should the scheme not produce its intended benefits the default would be to return to the QOF from 2015/16; and that NHS England does not expect other than in exceptional circumstances to support further local in-year alternatives to QOF in other parts of the country during the remainder of 2014/15.

Recommendations

19. The Board is asked:
 - To agree the framework for categorisation, assurance and approval process.
 - To agree that the process is overseen by the CCG Assurance and Development Committee with 'approvals in principle' by autumn 2014.
 - To recommend that any delegated budgets should be part of the CCG allocations from 1 April 2015.

Dame Barbara Hakin
National Director: Commissioning Operations
July 2014

Annex 1

Local health professionals to get more power to improve NHS primary care

1 May 2014 - 15:00

Stevens announces new option for local Clinical Commissioning Groups to co-commission primary care in partnership with NHS England.

England's 211 clinically-led local Clinical Commissioning Groups will get new powers to improve local health services under a new commissioning initiative announced today by NHS England Chief Executive Simon Stevens.

Speaking to GPs and other NHS health professionals at the Annual Conference of NHS Clinical Commissioners in London, **Simon Stevens said:**

“England has now taken the bold step – unique in the western world – of putting two thirds of its health service funding under the control of local family doctors and clinicians.

“If we want to better integrate care outside hospitals, and properly resource primary, community and mental health services – at a time when overall funding is inevitably constrained – we need to make it easier for patients, local communities and local clinicians to exercise more clout over how services are developed.

“That means giving local CCGs greater influence over the way NHS funding is being invested for their local populations. As well as new models for primary care, we will be taking a hard look at how CCGs can have more impact on NHS England's specialised commissioning activities.

“So today I am inviting those CCGs that are interested in an expanded role in primary care to come forward and show how new powers would enable them to drive up the quality of care, cut health inequalities in primary care, and help put their local NHS on a sustainable path for the next five years and beyond.

“CCGs are still young organisations at different stages of development, and with different local needs. So rather than specifying a one-size-fits all solution, and having listened carefully to what

CCGs have been saying, I'm keen to hear from CCGs themselves about what next steps they would like to explore."

Mr Stevens announced that NHS England will be writing next week to all CCGs in England with details of how to submit expressions of interest in taking on enhanced powers and responsibilities to co-commission primary care.

Applications will need to describe the additional powers and responsibilities the CCG would like to assume. They will need to meet a number of tests, including showing they will help advance care integration, raise standards and cut health inequalities in primary care.

They will also need to show how they will ensure transparent and fair governance -with a continuing oversight role for NHS England to safeguard against conflicts of interest – all in the context of the CCG's five-year plan for its local NHS services.

NHS England will work with the NHS Commissioning Assembly, NHS Clinical Commissioners and other stakeholders to advance this agenda.

CCG expressions of interest should be developed by 20 June 2014, the same date that CCGs will complete their initial five-year 'Forward Views' for local NHS services.

Each proposal will be discussed by the applicant CCG and the local Area Team of NHS England, which will subsequently make a recommendation for approval by the Board of NHS England.