

Next steps towards primary care co-commissioning: Annex H

CCG investment in primary care: FAQs

November 2014



1 Introduction

NHS England's [Improving general practice: a call to action – phase one report](#) highlighted the need to develop new models of primary care that provide more proactive, holistic and responsive services for local communities, particularly for frail older people and those with complex health needs; play a stronger role in preventing ill-health; involve patients and carers more fully in managing their health; and ensure consistently high quality of care. It reinforced the need for general practice to operate at greater scale and in greater collaboration with other providers in order to deliver these ambitions.

These FAQs have been developed to:

- clarify the different ways in which CCGs and area teams can make safe, controlled investments in primary care services including:
 - general practice;
 - community pharmacy; and
 - eye health services.
- address other common questions raised by commissioners.

These FAQs do not cover how to free up funding or how to decide upon the most effective areas for investment. They also do not include dentistry services as all commissioning is undertaken by NHS England.

Part one of the FAQs focuses upon investment in general practice services. These FAQs are applicable to CCGs without primary care co-commissioning responsibilities or those with the 'greater involvement' co-commissioning model. Any CCGs with joint or delegated co-commissioning arrangements should refer to the *Next steps towards primary care co-commissioning document*.

Part two of the FAQs focuses upon investment in community pharmacy and eye health services. These FAQs are applicable to all CCGs including CCGs with and without primary care co-commissioning responsibilities.

The FAQs will be updated on a regular basis in response to any further questions raised by commissioners and any relevant policy developments. If you have any further questions relating to investment in primary care services, please email: england.co-commissioning@nhs.net

2 Part I: Investment in general practice

This section is applicable to CCGs without primary care co-commissioning responsibilities or those with the 'greater involvement' co-commissioning model. CCGs with joint or delegated co-commissioning arrangements should refer to the *Next steps towards primary care co-commissioning* document for advice on investing in general practice services.

2.1 What are NHS England's responsibilities for commissioning primary care?

Within the current legal framework, NHS England is responsible for commissioning primary medical services for anyone present in England. This includes the services that NHS England commissions from GP practices under GMS, PMS or APMS contracts and the out-of-hours services that CCGs commission on NHS England's behalf. However, CCGs have a duty to support NHS England in securing continuous improvements in the quality of primary medical care¹.

In May 2014, Simon Stevens invited CCGs to take on an increased role in the commissioning of primary care services and it is expected that many CCGs will opt to implement joint or delegated primary care commissioning arrangements. However, should a CCG assume co-commissioning responsibilities, NHS England will retain liability for the discharge of its statutory functions in relation to primary care commissioning. For further information, please refer to the *Next steps toward primary care co-commissioning* document.

2.2 How can CCGs commission services from general practice?

A CCG may commission services in its own right from GP practices, provided that:

- the services go beyond what a practice is required to provide under the current GMS, PMS or APMS contracts held by NHS England;
- the CCG follows an appropriate procurement route, which may (depending on the circumstances) involve undertaking a competitive procurement, establishing a framework of providers from which patients can choose, or procuring through a single tender action (for instance where there are no other capable providers); and
- the CCG manages any conflicts of interest in accordance with NHS England guidance: [Managing conflicts of interests: Guidance for clinical commissioning](#)

¹ Section 14S of the NHS Act 2006, as amended by the Health and Social Care Act (2012)

[groups](#) and code of practice: [Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services.](#)

For example: A CCG wants to commission a new skin lesion removal service from its general practices.

CCGs should use the NHS Standard Contract to enter into a contract for the provision of these services.

2.3 Can CCGs pay or incentivise GP practices to improve the quality of existing primary care services?

CCGs can fund GP practices to improve the quality of existing primary care services provided that:

- the improvement can be expected to improve wider outcomes for the CCG's population; and
- the area team agrees it is over and above what it would expect a GP practice to provide under its existing GP contract.

For example:

Under the national childhood immunisation target payment scheme, NHS England pays GP practices for immunising children with the recommended vaccines, with rewards for 70% uptake by age 2 and 90% uptake by age 5. If a CCG is concerned about achievement in its area (compared to other similar CCGs), it could introduce additional incentives to encourage practices to exceed these target levels of uptake.

Improvements of this type should be commissioned through a contract variation to the relevant GMS, PMS or APMS contract. CCGs should request that the area team commissions the improvement through a locally agreed variation and transfer the necessary funds. If a CCG has a co-commissioning arrangement in place with NHS England then that should be used. It is important for CCGs, NHS England and the GPs to understand that under statute financial and legal accountability for the improvement remains with the CCG.

2.4 Can CCGs invest in developmental support for GP practices and GP premises development?

A CCG may invest in developmental support for GP practices or GP premises development provided that the CCG can demonstrate that the investment is calculated to facilitate, or is conducive or incidental to the provision of primary medical care and that no other body has a statutory duty to provide that funding.

3 Part IIa: Investing in services provided by community pharmacies

This section is applicable to all CCGs including CCGs with and without primary care co-commissioning responsibilities

3.1 Can CCGs commission services from community pharmacies?

Any organisation can commission services from community pharmacies. Those most likely to do so are CCGs and local authorities. However, they can only commission services that are not NHS Pharmaceutical Services as defined by the [NHS \(Pharmaceutical Services and Local Pharmaceutical Services\) Regulations 2013](#) and [the Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013](#) and therefore cannot be described as enhanced services. This includes:

- Essential services - set out in Part 2, Schedule 4 of the Regulations;
- Advanced services - set out in the Directions; and
- Enhanced services - set out in the Directions.

The correct description of these services is “locally commissioned services”. For further information on pharmacy enhanced services, please refer to the [Pharmacy Enhanced Services Q&A](#).

3.2 How can CCGs commission services from community pharmacies?

There are two main options for how CCGs can commission services from community pharmacies:

- CCGs could commission services directly through the NHS Standard Contract where the services are “locally commissioned services”. It would be preferable to utilise the e-standard contract so it can be tailored towards community pharmacy services; and
- community pharmacies could bid for services via the any qualified provider route providing they meet the qualification criteria. The NHS Standard Contract should be used, preferably the e-standard contract so it can be tailored towards community pharmacy services.

Local authorities should commission locally commissioned services utilising their own internal guidance.

The commissioning of services from community pharmacies should be reflected in the relevant Pharmaceutical Needs Assessment (PNA) and the local health and wellbeing strategy. Health and Wellbeing Boards now have responsibility for writing PNAs, taking into account the needs of both the NHS and local authorities. NHS England has a legal obligation to refer to the PNA when making decisions relating to applications for new pharmacy contracts.

4 Part IIb: Investing in eye health services

This section is applicable to all CCGs including CCGs with and without primary care co-commissioning responsibilities

4.1 Who commissions eye health services?

NHS England is responsible for commissioning and the administration of NHS General Ophthalmic Services (GOS) which include NHS sight tests and vouchers for spectacles for eligible individuals, including children.

4.2 How can CCGs commission other local services from primary ophthalmic providers?

Where CCGs wish to commission local ophthalmology services from primary ophthalmic providers such as a cataract referral refinement and follow up service or a primary eye care assessment and referral service (also known as a minor eye conditions service), they should do so through the NHS Standard Contract.

There are a number of options for how CCGs could procure these services including:

- directly contracting with the provider;
- through primary eyecare companies operating as the prime contractor for a network of optical practices; or
- through Any Qualified Provider or competitive tendering.

5 References

NHS Commissioning Board (October 2012) [Code of conduct: Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services](#)

NHS Commissioning Board (March 2013) [Managing conflicts of interests: Guidance for clinical commissioning groups](#)

NHS England (March 2014) [Improving general practice: a call to action – phase one report](#)

NHS England (April 2014) [Pharmacy Enhanced Services Q&A](#)

NHS England (March 2014) [Primary medical care functions delegated to clinical commissioning groups: Guidance](#)

[NHS \(Pharmaceutical Services and Local Pharmaceutical Services\) Regulations 2013](#)

[Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013](#)