NHS Commissioning Board
A special health authority

Enhanced Services Commissioning Fact Sheet

July 2012

Purpose

This fact sheet sets out the new commissioning arrangements for enhanced services from April 2013, including the transition of existing schemes.

Background

Enhanced services are currently commissioned through each of the primary medical care contracting vehicles (GMS, PMS, APMS) and can be commissioned from a range of other service providers (e.g. community pharmacies).

They currently comprise:

- **Local enhanced services (LESs)** – schemes agreed by PCTs in response to local needs and priorities, sometimes adopting national service specifications.
- **Directed enhanced services (DESs)** - schemes that PCTs are required to establish or to offer contractors the opportunity to provide, linked to national priorities and agreements.

As with any services, PCTs have always been expected to follow procurement guidelines when commissioning enhanced services to ensure decisions are on the basis of quality and value for money and, where possible, support patients in making choices. So LESs should only have been commissioned exclusively from general practice where no other provider was appropriate.

New commissioning arrangements

The NHS Commissioning Board ('the Board') will be responsible from April 2013 for commissioning services under the GP contract. It will operate as a single organisation with a single operating model, replacing 151 ways of doing business.

While the Board will retain the ability to commission LESs through the GP contract, it is unlikely to use this function since the intention is that clinical commissioning groups (CCGs) should decide how best to use local resources to invest in community-based services that go beyond the scope of the GP contract.

Local authorities will be responsible, from April 2013, for taking the lead in improving the health of local communities. This will include most of the health promotion and public health services currently commissioned as LESs.

National arrangements for enhanced services

The Board will commission some enhanced services nationally, equivalent to DESs. Where it is agreed that current DESs should roll forward to 2013/14, the Board will become responsible for them. The Board may devolve to CCGs the responsibility for managing some of these enhanced services.

National directions[1] currently cover eight DES schemes:

- childhood immunisation
- violent patients
- extended access
- health checks for people with learning disabilities
- influenza and pneumococcal
- minor surgery
- alcohol reduction
- patient participation.

PCTs will need to plan for these to be carried over to the Board for 2013/14, subject to any changes arising from GP contract negotiations in relation to time-limited DESs and any confirmed plans to devolve responsibility for management to CCGs.

CCG commissioning arrangements

CCGs will be free to commission a wide range of community-based services funded from their overall budgets. With the exception of any local improvement schemes commissioned on behalf of the Board (see below) and proposed transitional arrangements for current LESs (see below), they will commission these services through the NHS standard contract.

Like PCTs, CCGs will need to decide whether these services could be delivered by a number of potential providers (which may include general practice) or whether they could only be provided by general practice.

As now, for services that can be delivered by a number of potential providers, CCGs will need to decide whether to undertake competitive procurements to identify a single provider (or limited group of providers) or whether to allow patients to choose from a range of qualified providers by using the Any Qualified Provider route.

As now, for services for which there are no other possible providers, for instance because they require list-based primary medical care, or for services of a minimal value, CCGs will be able to commission services through single tender from GP practices.

Whilst CCGs will have the power to contract directly for most services, they will not have direct powers to pay for improvements in the quality of services provided under the GP contract. We envisage that the Board will, however, give delegated powers to CCGs to design and pay for local schemes, funded from CCGs' budgets, to provide where appropriate:

- incentives for improvements in the quality of primary medical care services
- funding to support activities such as clinical audit and peer review

[1] http://www.dh.gov.uk/en/Healthcare/Primarycare/PMC/Enhanced/index.htm

We envisage that any such local improvement schemes should be agreed between the CCG and the Local Area Team of the NHSCB.

Local Authority commissioning arrangements

Local Authorities will be responsible for commissioning services to meet their new public health responsibilities. The baseline funding for public health LESs will be included in the ring-fenced grants that local authorities receive for their public health responsibilities.

Examples of current schemes that map to local authorities' new responsibilities[2] include Implanon (contraceptive implant), sexual health services (e.g. chlamydia screening, Emergency Hormone Contraception), NHS Health Checks, fitting and removal of IUCDs, alcohol misuse or substance misuse services, and smoking cessation services.

Transitional arrangements for current enhanced services

While PCTs remain legally responsible for commissioning local enhanced services in 2012/13, any decisions to commission or de-commission enhanced services during 2012/13 should be agreed with emerging CCGs or (for public health services) with local authorities.

Local enhanced services where funding is devolved to CCGS

To ensure stability during the initial move to the new system:

- PCTs will be asked to agree with CCGs whether to extend current LESs (excluding public health LESs) into 2013/14: we recommend that LESs are extended in this way unless there is compelling evidence for adopting a new approach

- where current LESs are extended, PCTs will be asked to build in a review point after six months, so that CCGs can – if they wish – use funding in different ways after this point

- the Board will devolve responsibility for managing these LESs to CCGs – and the funding will be included within CCGs' overall commissioning budgets

- from April 2014, it will be fully up to CCGs to decide how to funding to commission community-based or practice-based services under the NHS standard contract.

PCTs will need to work with CCGs to plan and manage the transfer of LESs that are set to continue beyond 31 March 2013. Details of all existing LESs (including those

[2] http://healthandcare.dh.gov.uk/public-health-system/

which PCTs and CCGs have agreed will expire on or before 31 March 2013) will be notified to the NHS Commissioning Board through the contract transition exercise.

Local enhanced services where funding is moving to Local Authorities

PCTs should already be planning with local authorities the transfer of pre-existing agreements that are set to continue beyond 31 March 2013 and providing details of those schemes set to end on or before 31 March 2013. It will be for local authorities to decide whether to re-commission these services.

Managing conflicts of interests

CCGs must manage any conflicts of interest and ensure that such conflicts do not corrupt the integrity of the decision-making process. CCGs are advised to follow the best practice set out in the draft Code of Conduct[3] when commissioning services for which GP practices (or any provider in which GPs have an interest) are potential providers.

Conclusion

In essence then:

- LES funding will be devolved to CCGs and Local Authorities so that they can commission services based on local needs and decisions
- The contracting vehicle will not be a LES since this is a specific element of the GP contract which the NHS CB will hold
- The rules around determining whether services are best delivered by practices or other providers have not changed
- Like PCTs, CCGs will be expected to ensure that the services they commission deliver the best quality and outcomes for patients, provide value for money, give patients choice wherever appropriate, and adhere to procurement guidelines

This document is intended as a helpful summary to inform local planning and is not a substitute for legislation or any guidance issued in due course by the NHS Commissioning Board.

[3] http://www.commissioningboard.nhs.uk/resources/resources-for-ccgs/