

# Primary medical care functions delegated to clinical commissioning groups: Guidance

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# **Primary medical care functions delegated to clinical commissioning groups: Guidance**

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**Prepared by Commissioning Development Directorate, NHS England**

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## 1. Introduction

The NHS Act 2006 (amended by the Health and Social Care Act 2012) gives NHS England the power to direct a clinical commissioning group (CCG) to exercise any of its functions relating to the provision of primary medical care services.

NHS England is directing CCGs to exercise the following functions on behalf of NHS England in 2014/15:

1. Arrange GP Information Technology services in their area

Requirements in respect of GP Information Technology will continue to be set out in the Securing Excellence in GP IT Services guidance<sup>1</sup>. This document will be reviewed and updated when necessary and in consultation with stakeholders.

2. Commission out-of-hours primary medical care services for their area

The remainder of this document sets out guidance on how CCGs should exercise and report on this delegated function.

This document is not intended to be a substitute for the relevant legislation and CCGs should seek independent legal advice as appropriate.

Last year we directed CCGs to commission certain Local Enhanced Services that had transferred from PCTs to NHS England. As we indicated in last year's guidance, this was for a transitional period of up to one year. Guidance for CCGs wishing to commission equivalent services is now set out in the Technical Guidance which supports the NHS Standard Contract (available at <http://www.england.nhs.uk/nhs-standard-contract/>).

### Equality Statement

Equality and diversity are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.

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<sup>1</sup> <http://www.england.nhs.uk/wp-content/uploads/2012/12/gp-it-op-model.pdf>

## **2. Out of hours primary medical care services**

### **2.1 Responsibility of CCGs**

On 1 April 2013, CCGs became responsible – by virtue of directions given by NHS England – for commissioning out of hours primary medical care services

The only exception is for the small number of practices that have maintained contractual responsibility for providing out of hours services (i.e. those that have not ‘opted out’ of out of hours responsibility). NHS England has responsibility for contracts with these practices, but may arrange for CCGs to carry out some functions on its behalf, for instance to support monitoring of quality.

NHS England is responsible for ensuring the provision of out of hours community pharmacy services and out of hours dental services - including directing the opening of pharmacies during out of hours periods (including Bank holidays).

Former PCT expenditure on ‘opted out’ out of hours primary medical care services has been included in CCGs’ overall budgets so that CCGs can decide how best to use these resources to reflect local needs and priorities.

### **Definitions**

Out of hours primary medical care services are defined as those services required to be provided in all or part of the out of hours period which would be essential or additional services provided by a primary medical care contractor (i.e. a GP practice) to its patients during ‘core hours’.

The out of hours period is:

- the period beginning at 6.30pm on any day from Monday to Thursday and ending at 8am on the following day;
- the period between 6.30pm on Friday and 8am on the following Monday; and
- Good Friday, Christmas Day and bank holidays.

### **2.2 Criteria for out of hours primary medical care services**

A provider whose contract includes the provision of out of hours services shall be required to provide services during the out of hours periods to a patient only if, in the reasonable opinion of the contractor in the light of the patient’s medical condition, it would not be reasonable in all the circumstances for the patient to wait for the services required until the next time at which he or she could obtain such services during ‘core’ hours.

## 2.3 Quality requirements

CCGs should ensure that any contractor engaged in the provision of out of hours services meets the quality requirements set out in the document entitled 'National Quality Requirements in the Delivery of Out of hours Services' published on 20 July 2006<sup>2</sup>.

### GP Patient Survey Results

There are five questions relating to out of hours services in the GP Patient Survey which is published twice a year in June and December.

- Do you know how to contact out of hours services?
- How easy was it to contact out of hours services by telephone?
- How quickly did you receive care?
- Did you have trust and confidence in the out of hours clinician you saw?
- What was your overall experience of out of hours services?

Practice and CCG level results are available via <http://practicetool.gp-patient.co.uk/ccg/> .

CCGs should use the results of the GP Patient Survey to assess the performance of out of hours providers.

### GP practice involvement in monitoring the quality of out of hours services

From April 2014, all GP practices that have 'opted out' of out of hours services are required to monitor the quality of the local out of hours services offered to their registered patients and report on any concerns to their CCG. This is set out in the GMS contract regulations and supporting guidance<sup>3</sup>.

In monitoring the quality of out of hours activity for their registered patients, practices will have regard to the national quality standards and will also need to consider any reported patient feedback, including any patient complaints made to them about the out of hours provider.

CCGs should ensure that a locally agreed mechanism is in place with GP practices to identify, record and act on concerns and feedback about out of hours services.

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<sup>2</sup>[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4137271](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4137271)

<sup>3</sup> [www.nhsemployers.org/gms2014-15](http://www.nhsemployers.org/gms2014-15)

## **2.4 Reporting**

Area teams will need to assure themselves that CCGs have appropriate arrangements in place for assuring the quality and safety of services, that any conflicts of interest have been appropriately managed, and that services have been procured appropriately.

CCGs are required to report to NHS England regarding the exercise of these functions<sup>1</sup>. Details are set out in Annex A.

For the year 2013/14, the information should be submitted to the area team Head of Primary Care by 30 April 2014 using the template provided (available at <http://www.england.nhs.uk/resources/resources-for-ccgs/>).

For 2014/15 onwards, CCGs are required to submit this information on the 31 March each year.

However, whilst monitoring contracts on an ongoing basis, should CCGs become aware of any serious quality concerns about out of hours services, these issues should be conveyed to the area team and addressed through the usual contract management routes.

In some cases, CCGs may have commissioned their NHS 111 provider to provide the out of hours telephony service with a different provider delivering the clinical/face to face contact with patients. In such cases, CCGs should ensure that they report on all parts of the out of hours service.

## **Publication of performance against National Quality Requirements**

With effect from 1 April 2014, in undertaking the duties delegated to them by NHS England, CCGs must participate in a scheme for the benchmarking of out of hours performance against the National Quality Requirements. On an annual basis the CCG must publish benchmarked data on provider performance and provide the area team with a summary of the results by 31 March each year with the first publication to be made by 31 March 2015.

## **2.5 Contractual route**

CCGs should commission primary medical care out of hours services through APMS contracts under delegated authority from NHS England. Where primary medical care out of hours services are integrated with secondary care (eg combined with A&E), CCGs may wish to seek advice from area teams if they are unsure of the correct contractual route to use.

Further information and resources can be found on the NHS England website at: <http://www.england.nhs.uk/>



## **Annex A – report to be provided by CCGs to area teams**

### **CCG reporting requirements for 2013/14 to be submitted to area teams by 30 April 2014**

Do you have appropriate arrangements in place for assuring the quality of out of hours services? Yes/No

Can you confirm that any conflicts of interest have been appropriately managed? Yes/No. If no, give details.

Provide a report on any significant issues or concerns arising from commissioning of out of hours services. This should include any concerns arising from the results of the GP Patient Survey. [Free text]

### **CCG reporting requirements for 2014/15 onwards to be submitted to area teams by 31 March each year**

Do you have appropriate arrangements in place for assuring the quality of out of hours services? Yes/No

Can you confirm that any conflicts of interest have been appropriately managed? Yes/No. If no, give details.

Provide a report on any significant issues or concerns arising from commissioning of out of hours services. This should include any concerns arising from the results of the GP Patient Survey. [Free text]

Is the CCG participating in a benchmarking scheme to monitor the performance of out of hours provision against the National Quality Requirements? Yes/No

Date of publication of results or planned publication: [insert date]

Link to published results when available: [insert link]

Provide the area team with a summary of the benchmarked results.

Confirm you have systems in place for GP practices to report concerns on the quality of out of hours provision (where a practice has opted out).

Where available, provide a report on any issues identified from CQC inspection results and confirm that the CCG has assurances from the provider to address such issues within an agreed timescale [free text].

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