

Benefits of delegated commissioning: a case study

NHS Rotherham CCG

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This case study will be of interest if you want to know how delegated commissioning can:

- Drive the development of primary care services at pace
- Support the development of new models of care and STPs
- Engage member practices in developing local services
- Drive up the quality of primary care and improve equity of access
- Support the development of the primary care workforce
- Support estates planning

What has been achieved

Transfer of services from the acute setting to primary care (e.g. phlebotomy services) to meet local needs, improve access and reduce costs.

Development of an interim strategy for primary care, owned by all member practices.

Introduction of a 'Quality Contract', describing what it means to provide quality primary care services. The aim of the contract is to drive up standards and ensure the provision of equitable services across the CCG.

Development of preventative approaches for those with long term conditions.

The CCG has a population of 259,800

The CCG covers an urban area

31 practices represented by a Strategic Clinical Executive and a GP Members Committee

The CCG set up a *members committee* in each locality. This allows proactive involvement from each GP practice, enabling their views and ideas to be heard.

'We can have a direct, frank and open conversation about local plans and challenge GPs about what we are providing in Rotherham. What matters most is what's happening here.'

Dr Julie Kitlowski, Chair

Executive summary

Delegated commissioning has enabled Rotherham CCG to work at their own pace to deliver the changes they want to meet the needs of their local population.

Rotherham CCG has:

- Developed a **Quality Contract**, which is signed up to by all practices.
- **Transferred services from secondary care to primary care** e.g. phlebotomy services. This has improved access to services and resulted in savings to reinvest in primary and community care.
- Developed **more equitable services**. This has enabled patients to access the same services wherever they live in the CCG patch.
- Developed a **multi-speciality community provider (MCP) pilot ‘The Perfect Locality’**, which involves two practices. Primary, secondary care, mental health, social care and voluntary sectors are working together to identify inefficiencies in the current system and develop solutions that enable more cohesive team working and are more responsive to individual patient needs.

Rotherham CCG found delegated commissioning to:

- Be a catalyst for change, stimulating discussions with practices about future services to meet the needs of their patients.
- Be a driver of delivering change at pace.
- Give the CCG greater control and influence over the primary, community and secondary care health economy.

The CCG has identified a number of critical success factors to delegated commissioning. This includes having:

- A culture of **mutual trust**.
- A credible, **assertive chair** of the primary care commissioning committee, who is not afraid to challenge.
- Clear understanding of **roles and responsibilities** between CCG staff and NHS England staff.
- Good **working relationships** between partners including providers, NHS England staff, social care and the voluntary sector.
- Effective, open and transparent management of conflicts of interest.



“I don’t know how you can make the changes that are needed without having delegated commissioning.”

Dr Julie Kitlowski,

A strategy for general practice

Rotherham CCG has developed a **five year strategy** for primary care which aims to:

- Improve consistency and equity of **access**
- Develop a combined collaborative **workforce** across primary, secondary and community care
- Enable patients to **self manage** their conditions, utilising technology to connect with healthcare professionals
- Improve **consistency** in the experience of patients across general practice

The CCG engaged member practices in the development of the strategy and listened to their views. This has led to ownership of the strategy by the member GPs.

“If we hadn’t delegated, NHS England wouldn’t have been able to ensure our members were fully engaged to develop and implement our primary care strategy.”

Jacqui Tuffnell, Head of Co-commissioning.

Top tips:

- *Think about what your services need to look like in 10 years time not just focus on how to meet today’s demands.*
- *Run learning events in the CCG to share best practice across the CCG.*
- *Enable the member GPs’ voices to be heard.*
- *Develop a culture of ‘all in it together’.*

Quality Contract

Rotherham has produced a Quality Contract for 2016 to 2019. It has been developed to:

- Ensure **consistency** in the offer to patients, the quality of the service and access, no matter which practice someone attends.
- Increase **capacity** in general practice to improve the services offered and set a good **baseline** for developing more integrated models of care.
- Support the **implementation** of the strategy for general practice.
- Reflect the **balanced aims** of improved population health, better quality of patient experience and value for money.
- Incorporate all **local enhanced services** with general practice (except the most specialised).

The aims of the quality contract are:

- Improved Access
- Improved health outcomes
- Reduced health inequalities
- Reduced variation
- Support the CCGs Quality, Innovation, Productivity & Prevention challenge (QIPP)

The CCG leads its own programme of quality visits to practices. The visits are supportive in their approach and an opportunity to share information and listen to what is important to each practice.

The practice data is not anonymised and each practice can see where they stand in relation to their peers.

Top tips:

- *Engage members with a roadmap of where the CCG wants to go with delegated commissioning. Be clear about what you are aiming for.*
- *Have an open culture of non anonymised data to support peer learning and continuous improvement in quality.*
- *Take a supportive approach to practice improvement and raising standards of care.*
- *Be mindful of CQC visits and other demands on practice time when arranging visits.*

Primary care workforce

- The CCG encouraged practices to use the [Health Education England workforce tool](#) to understand their workforce issues.
- A significant number of GPs are over the age of 50 (45 are over 55 years old) and there is a predicted shortfall of 15 whole time equivalents by 2020.
- Many practices have risen to the challenge by **reviewing the skill mix** and supporting the **training and development** of both medical and nursing disciplines.
- Many practices are extending the role of staff within the practice. **Enhanced nursing roles** can lead to enhanced job satisfaction, as long as the requisite training and education is provided to ensure the team feel sufficiently competent and confident.
- The CCG has supported a successful **apprentice scheme** for practice administrative staff and health care assistants (HCAs). A number of HCAs are progressing further and are now training to become qualified practice nurses.
- Some practices have introduced **practice based pharmacists**. The CCG's medicines management team will provide professional leadership and mentorship to prevent practice based pharmacists becoming isolated.

Top tips:

- *Think about the workforce you will need to deliver new ways of working – what will you need in 10 years time?*
- *Ensure good levels of training and education to support the development of practice staff.*
- *Work with secondary care consultants to provide support in the community e.g. providing joint clinics.*

'We need to redesign primary care for the future, for the new ways of working.'

*Robin Carlisle,
Chair of the PCCC*

Estates planning

The CCG worked proactively with NHS Property Services to **review estates** across the CCG.

The CCG liaised with the council who undertook a review of government estates, but this did not include the privately owned GP practices.

An **estates plan** has been drawn up with the view to creating neighbourhood hubs, which will bring together health, social care and voluntary services to work together for their communities, along with a new emergency centre with both primary and secondary care at the front door.

Whilst relationships with NHS Property services have improved significantly, the absence of someone from NHS Property services at a local level has been a challenge. NHS Property Services are exploring the provision of project managers to work at a local level to support the implementation of the estates strategy.

The estates plan has put the CCG in an ideal position to contribute to the planning of the **Sustainability and Transformation plans**. In partnership with the local authority, the CCG is playing a role in designing an integrated 'One Estate' system across Rotherham.

Top tips...

- *Work in partnership with NHS Property Services to ensure the right expertise is included in the local developments.*

'It's enabled us to do things not because we've been required to do them but because we can see what the problems are in Rotherham and what we need to do.'

*Dr Julie Kitlowski,
Chair*

Supporting self care management

- **Case management and social prescribing to support those with long term conditions** is in place.
- Practice have been aligned with care homes to **provide stability and a regular presence** to improve the quality of care and reduce admissions to secondary care.
- The CCG has developed its **enhanced services** to support those with conditions such as atrial fibrillation, rheumatoid arthritis, prostate cancer and colon cancer.
- The CCG has worked with GPs and secondary care consultants to agree thresholds to **reduce unnecessary referrals to secondary care**.
- **Telehealth** has been introduced to support people with long term conditions to monitor and manage their condition.
- **Information and guidance** has been provided to support the use of telephone consultations to free up capacity.

Top tips:

- *Utilise champions of telecare to show 'sceptics' of the benefits – use those from out of area if need be.*

'We moved phlebotomy services to primary care. This improved access for patients and made a saving to be reinvested back in to services.'

*Jacqui Tuffnell,
Head of co-commissioning*

New Models of Care



- The CCG has commenced building a new **emergency care centre** in partnership with urgent care providers. This will best utilise the skills within primary and secondary care to the benefit of patients.
- The CCG has set up a **multi-speciality community provider (MCP)** pilot: 'The Perfect Locality'. Primary, secondary care, mental health, social care and the voluntary sectors are working together to identify inefficiencies in the current system and develop solutions to enable more cohesive team working and develop services to be more responsive to individual patient needs.
- By working with all parties around the table, it has allowed the CCG to target deprivation and inequalities in a way that it has not been possible before.
- This work builds on the nationally recognised award winning **social prescribing model**.
- A focus of the work is:
 - Better quality community nursing
 - Enhancing the care co-ordination centre
 - An integrated out of hours service
 - Supported discharge and admission prevention

Top tips:

- *Having good communication with partners and clear roles and responsibilities is vital.*
- *Build a 'we are in it together' attitude.*
- *Stay focussed on improving the quality of care rather than on organisational allegiances.*

'If you want to change hospital services you need to consider the whole system. I believe it is more difficult to do if you don't have delegated commissioning of general practice.'

*Robin Carlisle,
Chair of the PCCC*

Resources to support delegated commissioning

- When the CCG first took on delegated commissioning, it worked with its NHS England local team to set out a **RASCI** (Responsible, Accountable, Supported, Consulted, Informed) model for each key business area. Roles and responsibilities were agreed in writing.
- The resulting 'One Team' group meets fortnightly to identify which areas of business can be resourced jointly i.e. emergency procurement.
- To support the implementation of delegated commissioning the CCG allocated resources to employ a:
 - Head of Co-commissioning
 - Contracts OfficerThe CCG has also invested in the finance team and reallocated resources within teams to support the primary care function.

Top tips:

- *Agree roles and responsibilities early on with NHS England local teams and keep this under review.*

'Delegated commissioning has led to a much better relationship with practices, and has allowed barriers to be lifted to ensure we implement change at pace.'

*Jacqui Tuffnell
Head of Co-commissioning*

What difference has delegated commissioning made?

- It has been a **catalyst for change** – you can increase the pace to make the decisions and changes that are needed for your practices and population.
- It enables **more effective communication** with and between practices fostering an ‘all in it together’ relationship.
- It has helped to build **better relationships with practices** that is based on mutual trust.
- **Trust** has been built up with practices through regular communication, **listening to practices** and **responding rapidly** to concerns.
- It enables your practices to have a voice and **shape primary care locally**.
- You can **tailor services** to meet local need and circumstances.

‘It’s been challenging, but I don’t believe we would have been able to deliver what we have without delegated commissioning.’

*Dr Julie Kitlowski,
Chair*

Top tips for implementing delegated commissioning

- Develop a culture of **mutual trust**, through regular communication, listening, responding and being supportive.
- Have a good **balance of officers** on your primary care commissioning committee to ensure a balance of views and to support the management of conflicts of interest.
- Build **good working relationships** with member practices, providers, NHS England staff, social care and the voluntary sector.
- Take **conflicts of interest** seriously. You need to manage them effectively.
- Appoint a credible, assertive **chair** of the primary care commissioning committee, who is not afraid to challenge.
- Support the primary care commissioning committee **chair** so that they do not become isolated.
- Have a clear understanding of **roles and responsibilities** between CCG staff and NHS England staff.

'It allows us to work at pace, you are freed up to address what matters locally, it lifts barriers to getting things done.'

*Jacqui Tuffnell,
Head of Co-commissioning*

'How can you not do it? If you want to make the changes you need to make at pace how can you do that without having delegated commissioning'

*Dr Julie Kitlowski,
Chair*

Further Information

- NHS England is collating a library of case studies to show how CCGs have seized the opportunities of delegated commissioning to develop more innovative primary care services.
- For more information on Rotherham CCG's approach to delegated commissioning, please contact Jacqui Tuffnell, Head of Co-commissioning (telephone: 01709 308819; or email: jacqui.tuffnell@rotherhamccg.nhs.uk)
- To read more case studies in our series, please visit: <https://www.england.nhs.uk/commissioning/pc-co-comms/dc-cs/>
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