

Benefits of delegated commissioning: a case study

NHS Oldham CCG

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

- Support practices' direct involvement in funding decisions for their populations by having allocated budgets to address specific local needs.
- Support the development of effective tools to support the performance management and evidence base behind service improvement.
- Develop equitable services across clusters of practices.
- Develop enhanced services that reduce demand on secondary care.

What has been achieved

Accelerated development and implementation of the CCG's primary care strategy.

Development of a performance regulation system to support the evidence base for service improvement.

Delivery of targeted, evidence-based interventions that improve patients' quality of life and reduces demand on secondary care.

Development of new models of care, instigated by the practices in partnership with local organisations and teams.

'The system needs to be managed as a whole. We needed the level of influence and control to sensibly manage budgets across the system.'

Ian Wilkinson, Chief Clinical Officer

The CCG has a population of 240,000

The CCG covers a mix of urban and rural areas

44 practices in 8 (moving to 5) clusters

The CCG is co-located with the local authority.

Executive summary

Delegated commissioning has enabled Oldham CCG to have greater visibility of the quality of primary care. It has given more momentum to the development and implementation of their primary care strategy.

Oldham CCG has:

- Developed a robust performance management dashboard to monitor outputs and outcomes.
- Developed a minimum funding level for all practices in return for a 'core service offer' for patients.
- Introduced enhanced services that have reduced demand on secondary care.
- Allocated budgets to clusters of practices who work together to develop cluster plans to improve services for their populations.

Delegated commissioning has allowed us to have a greater level of influence and control and manage it as one. It has helped us have a whole system approach to the development of our Accountable Care Organisation.

Dr Ian Wilkinson - Chief Clinical Officer

Oldham CCG found delegated commissioning has:

- **Accelerated implementation** of their primary care strategy, giving it much more momentum.
- Helped to **stabilise general practice** and retain GPs' knowledge, skills and experience.
- Helped to **address inequalities** by being able to respond to the local demographics and clinical needs within each cluster of practices.

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

- **Regular engagement** with member practices and a culture of mutual trust.
- Having the right **capacity and expertise** to manage the contracts proactively and efficiently.
- Having an **effective performance management** dashboard linked to outcomes.
- Having a **clear vision** of what the CCG wants to achieve.

'Its enabled us to build deeper relationships as a member organisation'.

Denis Gizzi, Managing Director

Development of a strategy for general practice

Primary care is at the centre of the CCG's plans to transform services to deliver personalised healthcare. The CCG has invested £8.5 million in general practice.

The CCG developed eight clusters each based around a population of 30,000. They will be moving to a 50,000 cluster model in line with Greater Manchester devolution. Each cluster has:

- Representation from each practice. The CCG has introduced a Key Performance Indicator as within the contract for all practices to attend the cluster meetings and attendance is monitored.
- A clinical lead which acts as a conduit to the CCG governing body.
- Employed a Cluster Business Partner to support practices' priorities.
- An allocated budget to use to meet local needs and address inequalities.

The CCG also put in place a local Assurance Forum, which meets monthly and is dedicated to reviewing the quality of primary care providers. Support packages are developed for practices who are having difficulty in achieving agreed standards.

Key to all these developments has been regular, open and transparent engagement with all the practices.

Top tips...

- *Having good regular communication with practices to involve them in decision making, helps to stimulate new ideas on how to improve services for their cluster population.*

'Having delegated commissioning has enabled us to accelerate our primary care strategy. It would be difficult to do it you do not have delegated authority to do it. It gave us more momentum.'

Denis Gizzi, Managing Director

Using data to improve and develop services

- One of the key factors in the CCG's proactive performance management of general practice services has been the introduction of a bespoke Oldham dashboard.
- This information is used to align quality and productivity through a series of indicators. The data is not anonymised so practices can see how they are performing alongside their peers.
- The information can identify high performing practices, as well as those who may be struggling. Having delegated commissioning means that if issues arise relating to the quality or access to the service, the CCG can respond much more quickly to support the practice.
- The CCG is has developed an efficiency index linking performance to income. The aim is to identify what workforce model supports a practice with a high efficiency index to inform the development of an optimum productivity framework. This in turn may inform individual practices and the clusters to be as efficient as possible.

Top tips...

- *Have good performance indicators that all practices can see . The impact of informal influence can support service improvement .*

'We have a greater visibility in primary care. I don't think the benefits of taking practices through the process (of service improvement) would have been the same without having delegated commissioning.'

*Kath Wynne-Jones
Director of Performance and Delivery*

Service developments in primary care

- The CCG has invested a significant amount of time, energy and finance on reducing variation and driving up standards within primary care.
- The CCG, with agreement from all practices, introduced a 'Boiler plate' (minimum funding for a core service offer and actions each practice must achieve). It includes a number of service requirements e.g. same day access for under 5 year olds, and each practice must produce a practice business plan. No practice lost out financially, but some gained more than others if their previous funding level was much lower.
- The CCG also introduced EQALS plus (Enhanced Quality And Local Access Supply) to systematically improve the quality and scope of medical primary care services through the delivery of targeted evidence based interventions that improve patient quality of life and reduce pressures in secondary care. This has allowed all practices to increase their income by achieving specific levels of service delivery. It includes service areas such as; proactive care for the frail elderly; early diagnosis of liver disease and review of patients living in care homes.
- The outcomes of the service changes mentioned above include amongst others:
 - Reduction in unplanned admissions for patients aged 75 and above.
 - Early diagnosis of alcohol related liver disease.
 - Reduction in hospital admissions for care home patients.
- Feedback from practices also indicates that it has helped to stabilise general practice and has encouraged GPs to stay in practice.

Top tips...

- *Be clear with practices about who is doing what in the transition period, so they know who to contact. Have a list of who does what.*

'You need to invest time to engage with practices, be open and transparent and explain why you are doing what you are doing.'

*Bal Duper
GP member of the governing
body and Clinical Director for
Wider Primary Care at Scale*

New Models of Care

- The development of the Cluster model has enabled the CCG to address inequalities across the CCG.
- Oldham has a wide variation in life expectancy across the CCG, with an 11 year difference between the lowest and the highest cluster area.
- The Multispecialty Community Providers (MCP) model is perfectly suited to support the clusters to develop services that respond to the particular circumstances and address inequalities. By allocating a budget to the cluster, it has helped practices to become actively involved in commissioning decisions.
- Each practice works together with other practices, mental health, community services, local authority and the third sector to identify the demographics and clinical needs of their cluster. From this they develop operational plans that are in line with the CCG's overall strategy.
- Having delegated commissioning has helped to develop this process due to the improved communication and strengthened relationships with and between practices.
- Multidisciplinary teams have also been introduced to give focused support to those over 75 years of age, those with long term conditions and with co-morbidities.

Top tips:

- *Having partner organisations on the Primary Care Commissioning Committee helps to link primary care to the wider developments of new models and the Sustainability and Transformation Plans.*
- *Other non-voting members of the PCCC can include Healthwatch, The Health and Wellbeing Board and the Voluntary Sector.*

'We are looking at our locality plans with the Local Authority and how we wrap community services around primary care. I don't know how we would have been where we are without delegated commissioning.'

*Ian Milnes
GP governing body member & Deputy
Chief Clinical Officer*

Resources to support delegated commissioning

- As well as the investment in general practice, the CCG has developed a primary care team to support the implementation of delegated commissioning. There are also a number of other people who provide some of their time in support of delegated commissioning. The CCG staff involved includes:
 - A Clinical Director to oversee the primary care strategy
 - An Associate Director of Out Of Hours services
 - A General Manager
 - The Head of primary care
 - A primary care quality officer
 - A primary care finance manager
 - A contracts manager
- External support has also been bought in to progress an APMS procurement.
- The CCG also accesses support from local primary care team at NHS England.

Top tips:

- *Ensure clear roles and responsibilities between CCG staff and staff in NHS England.*
- *Set up a transition group to manage the handover effectively.*

'If a practice is struggling, we are able to put a support package in place to help them really quickly. The practices appreciate this.'

*Graham Foulkes
Lay member Chair of Governing
Body and PCCC.*

What difference has delegated commissioning made?

- It has **accelerated** the implementation of the primary care strategy, and given it much **more momentum**.
- It enables **more effective communication** with and between practices, fostering productive relationships and greater connectivity between practices.
- It has helped the CCG work with practices to **set standards** for primary care.
- It helps to **proactively involve practices** in the development of local services. Having allocated budgets allowing practices to decide on the priorities for their patient population and has helped to create **ownership** of their local plans.
- It enables your **practices to have a voice** and shape primary care locally.
- It helps to **address inequalities** by being able to respond to the local demographics and clinical needs within each cluster of practices.
- It has helped to **stabilise general practice** and retain GPs knowledge, skills and experience.

Top tips:

- *Strong clinical leadership is needed to implement delegated commissioning and drive the CCGs vision*

‘Informal influencing has helped improve services. The practices want to know how another practice has made changes and they share their learning.’

*Bal Duper
GP member of the Governing
Body and
Clinical Director Wider Primary
Care at Scale*

Top tips for implementing delegated commissioning

- Develop a culture of **mutual trust**, through regular communication, listening, responding and being supportive to the member practices.
- Do not forget your **salaried GPs** and engage them in discussions.
- Ensure you have the **right capacity and expertise** for the operational management of the contracts, as well as to feed into service development discussions.
- Having **partner organisations** on your primary care commissioning committee as non-voting members can help to give a balance of views, support the management of conflicts of interest and make **links to wider plans on sustainability and transformation**.
- Develop a **robust performance management system** early on to accurately monitor outputs and outcomes.
- Have a clear understanding of **roles and responsibilities** between CCG staff and NHS England staff.

Top tips:

- *Engage, engage, engage!
Have regular communication with practices and respond to issues they raise quickly.*

'All the members agree it (delegated commissioning) was a good and positive move.'

*Graham Foulkes
Lay member Chair of governing body and PCCC*

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 Oldham CCG's approach to delegated commissioning, please telephone: 0161 622 6400.
- To read more case studies in our series, please visit:
<https://www.england.nhs.uk/commissioning/pc-co-comms/dc-cs/>
- For general enquiries about co-commissioning, you can contact the NHS England co-commissioning policy team at england.co-commissioning@nhs.net.