

Benefits of delegated commissioning: a case study

NHS Halton CCG

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

- Be implemented in a smooth and managed way.
- Enable more equitable funding of practices.
- Support the effective management of contract issues to get the best outcomes for patients.
- Drive the development of a primary care strategy, owned by all member practices.

What has been achieved

Development of a local process for effective management of contractual issues which align to national policies and procedures, such as list closures, to ensure best outcomes for patients.

Development of a strategy for primary care owned by all practices.

Development of a funding framework to ensure all practices are funded equally to deliver the same services.

Assessment of workforce and estates to plan to meet the needs of the future.

Building the foundations to inform discussions on the development of new models of care.

'Delegated commissioning means decisions are made closer to home. All the practices agreed. There was a consensus to take it on.'

Cliff Richards, Clinical Chair.

The CCG has a population of 125,700.

The CCG covers an urban areas of two main towns.

17 member practices, 15 of which hold PMS contracts.

The CCG is coterminous with Halton Borough Council.

Executive summary

Delegated commissioning has enabled Halton CCG to develop detailed knowledge of their member practices. This has enabled tailored support to be given to sustain general practice and facilitate collaborative working.

Halton CCG has:

- Managed PMS reviews to develop more tailored services that meet local needs.
- Developed local processes for managing contract issues such as list closures, which align to national policies and procedures, resulting in more supportive processes for practices and patients.
- Developed a funding framework to ensure an equitable level of funding for general practice, based on weighted capitation.
- Progressed discussions on the development of multispecialty community services to address inequalities and respond to local needs.

'We have worked with the practices to agree a process to level the core funding of all practices over a four year period. Having delegated commissioning allowed us to do that as it was us making the decisions.'

Cliff Richards, Clinical Chair, Halton CCG.

Halton CCG has found that delegated commissioning has:

- Enabled more effective communication with and between practices, fostering productive relationships and greater connectivity between practices.
- Increased the CCG's knowledge and understanding of general practice to inform the planning process .
- Given an opportunity to negotiate a more equitable funding level for general practice.
- Enabled more rapid decision-making on issues relating to general medical services.

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

- The support of all member practices to take on delegated commissioning.
- The right capacity and expertise in primary care contracting.
- A transition group with a clear plan that allows a phased transfer of responsibilities.

Transfer of functions and contract management

The CCG discussed co-commissioning with all member practices prior to taking on delegated commissioning. There was a consensus to take up delegated commissioning.

The CCG set up a transition group to support the transfer of responsibilities under delegated commissioning. This group included representatives from the CCG (including the Head of Primary Care, commissioning and contracting managers and the Director of commissioning) and NHS England.

A transition plan was developed with timescales for each step. The group agreed the roles and responsibilities for both organisations.

A phased approach was agreed to ensure a smooth transfer of responsibilities and support for practices and patients. The CCG first picked up list closures, followed by PMS reviews and contract management. The CCG worked through an estates issue with NHS England initially. Once the CCG gained more knowledge and experience of estates issues, they led on the processes thereafter. Having access to, and management of, services on CQRS came later.

The phased approach allowed the CCG to run with the areas they were comfortable with and enabled the CCG to learn and develop in the areas they were less knowledgeable about.

The CCG developed its own process for managing contract issues such as list closures which align to the national policies. This involves the practice who is intending to close, discussing the issues with all the other practices. The other practices are then able to offer support and ensure a smooth process with the least disruption to patients.

“The local team were really supportive. We weren't just expected to pick everything up at once.”

Sarah Vickers, Head of Primary Care, Holton CCG.

Top tips:

Set up a transition group between the CCG and NHS England and have a phased transfer to ensure smooth transition of functions.

Agree roles and responsibilities between NHS England and the CCG.

Be clear on the situation for each general practice contract.

Development of primary care: PMS reviews

There was a large discrepancy in the funding of general practice. The practices agreed to level the funding over a four year period for core services delivered at every practice. This will result in some practices receiving less funding. However, discussions are ongoing to develop a range of enhanced services which will provide the opportunity for all practices to increase their funding level.

The CCG has 15 (out of 17) PMS practices. Delegated commissioning has enabled the CCG to review these practices, with a view to developing more consistent services tailored to local needs.

Practices are working together with the CCG to:

- Develop a local incentive scheme;
- Share data across practices (including A&E attendances, out-of-hours, urgent and emergency centre attendances);
- Align a practice to each care home to improve patient care by providing proactive care and to reduce emergency admissions.

Proposals for developing primary care services are developed through a number of routes such as:

- The Primary Care Group;
- The service development committee; or
- Meetings with practices.

Any proposals are then presented to the Primary Care Commissioning Committee for consideration.

Having delegated commissioning has helped to bring practices together to think about 'population' health, rather than just the health of individuals.

Top tips:

Strong clinical leadership is needed to implement delegated commissioning and drive the CCG's vision

'Relationships have improved with all practices since taking on delegated commissioning'
Julie Holms,
Commissioning
Manager,
Primary Care.

Workforce and Estates

- In 2015, the Halton Strategic Estates Plan was produced which reviewed the primary care estate and identified estates rationalisation opportunities which will deliver both clinical and financial benefits. By understanding its estate function, the CCG can maximise the use of high quality buildings and dispose of unwanted costly buildings.
- On a wider, Borough-wide footprint, the CCG is working with all its estates colleagues to collectively achieve efficient use of buildings across the public, private and voluntary sectors – but especially health and social care. By working in partnership and looking at the estate as assets of the community, they aim to ensure that there is an integrated approach to sharing premises or acquiring assets, when it is in the best interests of the partnership to do so.
- The partnership is also aligning the assets with the digital healthcare plans across the borough to ensure the estate is ‘technology-proof’ to enable the effective implementation of future plans.

‘Having delegated commissioning helped us to develop and implement our estates plan.’

*Karen Hampson,
Commissioning and
Contracts Manager*

‘Patients are much more engaged in primary care services. Practices have their own patient groups but through our engagement programme we discuss general practice services.’

*Julie Holmes,
Commissioning
Manager (Primary
Care)*

Partnership working and new models of care

The “**One Halton**” programme emerged following the production of the CCG’s Strategy for General Practice Services, in which a new care model was set out focusing on integrated health and social care services working in the community.

It has been developed and delivered in partnership with local people, communities and organisations to formulate and implement the response, as a borough, to the Five Year Forward View.

The CCG and member practices have been working with the Borough Council and community services to review the workforce model along a frailty pathway. These plans will support the Sustainable and Transformation Plans (STP) and local transformation plans.

The CCG and member practices are proposing the development of a Multispecialty Community Provider (MCP) model. This will develop community services around people to meet their needs through integrated health and social care services. Practices will work together in a number of community neighbourhoods with community mental health and wellbeing, social care, urgent and pharmacy services.

The local developments are feeding into the STP. The priorities for the STP include:

- Reconfiguration of individual secondary care service lines to achieve sustainability in terms of quality, workforce and finance.
- Development of sustainable, responsive, out-of-hospital services: primary, community and social care.
- Public health work to deliver greater wellbeing, with primary and secondary prevention of long term conditions.

Top tips:

Having partner organisations on the Primary Care Commissioning Committee helps to link primary care to the wider developments of new care models and Sustainability and Transformation Plans.

‘Having that local context is hugely important. They know us and we know them.’

*Karen Hampson,
Commissioning
and Contracts
Manager.*

Resources to support delegated commissioning

- There are a number of individuals in the CCG who provide all or part of their time to support delegated commissioning. This includes:
 - A clinical lead to oversee the primary care strategy
 - Head of primary care
 - Primary care commissioning manager
 - Commissioning and contracts manager
 - Finance support (across three CCGs).
 - Administrative support
- The CCG recognises the key role primary care has on the development and implementation of their strategy to improve the health and wellbeing of their population. The benefit of having a primary care team is having the dedicated capacity to focus on transforming primary care.
- The CCG continues to access support from NHS England local team. This enables sharing information and learning across CCGs.

Top tips:

Develop a culture of 'all in it together' with member practices and CCG governing body members

'You need to make sure your team is right – having access to or someone with the right contracting knowledge.'

Julie Holmes, Commissioning Manager (Primary Care)

What difference has delegated commissioning made?

- It gives a lever for **engaging with practices**.
- It provides the local knowledge and understanding of general practice to **inform the planning** process – you know where you are starting from.
- It enables **more effective communication** with and between practices, fostering productive relationships and greater connectivity between practices.
- It enables your **practices to have a voice** and shape primary care locally.
- It has helped to **stabilise general practice** and retain GPs' knowledge, skills and experience.

Top tips:

Have regular communication with practices and respond to issues they raise quickly.

'We are able to respond quickly. Its easy for us to go out and see the practices if they want to discuss anything.'

*Sarah Vickers, Head of Primary Care
Halton CCG*

Top tips for implementing delegated commissioning

- Develop a **culture of mutual trust**, through regular communication, listening, responding and being supportive to the member practices.
- Ensure you have the right **capacity and expertise** for the operational management of the contracts, as well as to feed into service development discussions.
- Set up a **transition group** with NHS England and agree a clear transition plan for the phased transfer of functions with **clarity on roles and responsibilities**.
- Having **partner organisations** on your primary care commissioning committee 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**.

Top tips:

Be clear with practices about who is doing what in the transition period, so they know who to contact.

'You need good relationships with NHS England so the transition is as smooth as possible.'

Paul Brennan, Primary Care Finance Manager, Halton and Knowsley and St Helens CCGs

Delegated commissioning of primary care: case studies

- 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 Halton CCG's approach to delegated commissioning, please contact Sarah Vickers (email: sarah.vickers@haltonccg.nhs.uk or telephone: 01928 593023)
- 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.