

Benefits of delegated commissioning: a case study

NHS Bolton CCG

January 2017

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

- Support the implementation of a quality contract to provide more equitable services that provide a higher standard of care.
- Enable efficiencies that can be re-invested in primary care.
- Improve and utilise performance data to stimulate peer influencing to improve standards of care.
- Support the development of the primary care workforce.
- Support the development of robust estates plans to enable the delivery of new ways of working to meet future needs.

What has been achieved

Implementation of an enhanced quality contract for primary care to drive up standards of services.

Review of primary medical services workforce to develop a plan to meet the needs of the future.

Improved access to primary care during the week and at weekends.

Delivery of efficiencies in the system to make savings for re-investment in primary care.

'Without delegated commissioning, it would have been very hard to carry on with what we wanted to do. Having the budget and responsibility has helped to take our plans further.'

Wirin Bhatiani, Chair Bolton CCG

The CCG has a population of 299,956

The CCG covers an area that is predominantly urban with some rural areas.

The CCG has 50 member practices split into 6 peer groups

The CCG is coterminous with the council and has one main acute provider and mental health provider that cover a larger footprint.

Executive summary

Delegated commissioning has enabled Bolton CCG to build on the existing relationships with practices to shape the development of primary care to meet local needs.

Bolton CCG has:

- Enhanced their **quality contract** to respond to local priorities and provide more equitable services across the CCG.
- Developed a **robust holistic workforce plan** to address workforce gaps and the changing models of care.
- **Improved access** to primary care across the CCG providing an extra 60,000 appointments per year.
- **Created efficiencies** to reinvest in primary care e.g. the reduction in prescribing and appropriate use of clinical pathways.
- Developed neighbourhoods (based on a 30,000 population) working with partners to provide more **holistic model of health care**.

'Delegated commissioning has enabled us to really get on with implementing the GP forward view.'

*Wirin Bhatiani,
Chair*

'I couldn't imagine writing a locality plan that doesn't put primary care at the centre. You need control of it to do that effectively.'

*Su Long,
Chief Officer*

Bolton CCG found delegated commissioning has:

- Been an **opportunity to develop primary care** to meet local needs.
- Enabled **greater investment** in primary care to address local priorities.
- Helped to **address inequalities** by enabling the CCG to respond to the local demographics and the clinical needs within each peer group of practices.
- Enabled a robust **review of workforce and estates** to ensure the right foundation from which to plan for the future.

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

- A **clear vision** of what you want to achieve.
- **Good relationships** with member practices is essential.
- Good **performance management** data to allow **benchmarking** to inform service improvement.
- Having a **proactive primary care** team that works well with NHS England staff.

Developing more equitable primary medical services

- Bolton has a strong history of engagement with GP practices. The PCT in 2006 developed a **peer group model** that is based on demographics not geography. This allows practices to compare performance between practices with similar practice populations rather than sharing a geography but may have very different communities. The GPs are used to meeting and discussing issues by peer group. The CCG prioritised primary care involvement and maintained good communication with the practices and the peer groups.
- Like many CCGs, Bolton inherited a situation where there was a historic inequity in the funding of primary care. The CCG developed a **quality contract** that all practices have signed up to. The aim of the contract is to ensure the right capacity in general practice through providing a guaranteed income per patient and incentives for delivery of standards. Having delegated commissioning has enabled the CCG to build on the good relationships it has with practice to:
 - **Level up** to provide equitable core funding for each practice (based on weighted capitation).
 - Increase the level of **enhanced services** within the quality contract.
- The CCG shares practice performance data across the peer groups. Each peer group performs to a similar level but within each peer group there is variation. Having at least one practice in each peer group performing at the highest level is a motivating factor for other practices in the same peer group. It shows that higher standards of care is possible no matter what the demographics.

Top tips:

- *Co-develop the vision for primary care with members, listen to their views and involve them in the development of standards for general practice.*

‘Open sharing of data across the CCG has been a real incentive to raise the bar.’

*Wirin Bhatiani
Chair*

Improving quality

The CCG has invested approximately £3.5 million in developing primary medical services. This allowed the provision of equitably funded primary medical services and the implementation of the quality contract.

As part of the quality contract, the CCG has developed a number of standards that practices can sign up to. They focus on improving access, quality of services, improving efficiency, lowering costs and keeping people out of hospital. Four of these are mandatory for all practices:

- Phlebotomy
- Emergency planning
- Membership engagement
- Acceptance of clinically agreed transfers of care.

Other standards included Mental health, cancer referral, health screening and end of life care.

Practices are expected to submit clear plans detailing how they will meet the requirements of the standards. These plans need to meet specific criteria set out by the primary care commissioning committee in order for the funding to be approved.

Achievements so far include:

- 82% of adults screened for diabetes
- 77% of people with dementia have a formal diagnosis.
- The provision of better care for those with asthma or heart failure.

Top tips:

- *Strong clinical leadership is needed to engage with member practices to enhance confidence in a clinically led process that is right for patients.*

'We kept up the programme of engagement with practices, getting them involved in initiatives. The practices themselves were saying – 'what's next, what can we do?'

Lynda Helsby, Associate Director of Primary Care

Improving access to primary care

As part of the quality contract practices are expected to deliver a number of standards including cancer referrals, emergency planning, member engagement and prescribing. It also included improving access to their services.

All practices have agreed to:

- Be open from 8am to 6.30pm on Mondays to Fridays
- Offer access to both male and female clinicians
- Offer pre-bookable appointments up to one month in advance
- Offer telephone consultations
- Ensure all children under the age of 12 years are seen on the same day
- Accept deflections from A&E, the ambulance service and community services
- Improve patient survey measures

By extending the access to primary care, an additional 60,000 appointments have been offered per year.

The CCG plans to extend access to weekends through the provision of primary care 'hubs' working with Integrated Neighbourhood Teams and Admission Avoidance Services (Intermediate Care). It is hoped this will improve patient experience and reduce demand on secondary care services.

Top tips:

- *Work with acute trust to promote increased access to primary care in order to reduce demand on A&E such as putting posters up in A&E to notify patients of what they can get from their GP practice e.g. children under 12 will be seen on the same day.*

'We engage a lot with the public and we can now engage them in the things we want to do with general practice and get their feedback. It is owned more if we engage and then deliver.'

*Su Long,
Chief Officer*

Delivering efficiency savings

- The CCG has invested heavily in the provision of primary care services, but has also delivered savings which resulted in a 100% return on investment in year 1 whilst improving services and the patients experience.
- Particular savings were made through:
 - **Medicines management:** Reducing waste rather than restricting use. The prescribing Key Performance Indicator (KPI) saved £2.2 million.
 - **Effective Use of Resources Policy:** This highlighted a number of procedures of limited or no clinical value such as cosmetic surgery and a range of specific treatments not routinely commissioned such as tonsillectomy or varicose veins: This policy was actively promoted with practices and resulted in a 28% reduction in referrals to secondary care. This led to a saving of £750,000.
 - **Clinical pathways:** The CCG promoted the proper use of specific clinical pathways. This reduced referrals to secondary care.
- In addition improvements were made in their friends and family test with 90 % of patients reporting they would recommend their practice to a family or friend.

'We developed some simple flow diagrams to support practices in the implementation of certain pathways.'

*Su Long,
Chief Officer*

'When we discussed investing £3 million in general practice and the standards we want to see in return, the practices were really motivated and wanted to add loads more.'

*Lynda Helsby,
Associate Director of
Primary Care*

Reporting system and benchmarking

- Bolton set up an incident reporting system for general practice. It receives over 1,000 reported incidents per year.
- About half the incidents reported are about what has gone wrong in general practices and the other half are about concerns over services the CCG commission.
- This shares learning and helps to drive up the quality of services.
- The CCG developed a performance dashboard prior to taking on delegated commissioning. Performance against the delegated functions were added to this.
- Data is shared between the practices. Although there is variation in performance across the six peer groups, each peer group has a practice performing at the highest level. This shows that all practices no matter what their demographics can improve their performance.
- As part of the quality contract, practices are required to undertake peer audits to support improvement in the quality of services.

Top tips:

- *Take a supportive approach working with practices that are struggling and help the improvement of service delivery.*

'Benchmarking enabled us to get the standards right and show the difference it has made.'

*Wirin Bhatiani,
Chair*

Workforce

- The CCG undertook two **primary care workforce audits**. Collecting workforce data was included in the quality contract and therefore the CCG received information on the workforce from 100% of their practices.
- Having delegated commissioning has enabled the CCG to work with each practice to **address historical contractual issues**. Having the local knowledge has enabled the CCG to manage the contracts with general practice in a way that is sympathetic to the local context and consider what is best for the local population, rather than from a pure contractual perspective. This has helped to stabilise general practice and inform the workforce review.
- The CCG reviewed the primary care workforce by professional groups and age profiles as part of a wider review including partners (Acute trust and social care), to inform the development of a robust **integrated workforce plan**.
- The CCG identified **geographical neighbourhoods** (based on a 30,000 population) and initiated discussions with them about a workforce model that will enable the practices to provide the necessary services for the local population. Each neighbourhood has identified the model that provides a more holistic approach to meet the needs of their patients. This includes:
 - Sharing back office functions
 - Introduction of and sharing multi disciplinary integrated neighbourhood teams that include:
 - Health improvement practitioners
 - Musculoskeletal practitioners
 - Pharmacists
- Work is also underway to support **training programmes** for practice nurses and physicians assistants, as well as investment in health improvement practitioners to support prevention and self care for those at risk of, or with, long term conditions.

Top tips:

- *Work with your local university to influence and promote the development of the primary care workforce.*

'Peer grouping helps to address inequalities in health. We sometimes find those in areas of deprivation out perform those in more well off areas for some KPIs.'

Lynda Helsby, Associate Director of Primary Care

Estates planning

- The CCG set up a Strategic Estates Group (SEG) that includes:
 - The CCG
 - Bolton Council
 - The Acute Trust
 - NHS Property Services

Having partners on the group ensured a joined up estates plan was developed.

- The SEG has reviewed the utilisation of all estates including:
 - Space utilisation
 - Quality of premises and the environment
 - Physical condition
 - Statutory compliance
 - Functional suitability of premises
 - Environmental performance
- This has allowed the CCG to understand the practices' concerns in relation to primary care estates and take responsibility for tackling issues that had not been addressed over several years.
- The SEG has developed a high level strategic estates plan that identifies the infrastructure necessary to support the proposed future new models for the delivery of health and care across the CCG. This includes five basis for the Integrated Neighbourhood Teams.
- The CCG is committed to maintaining primary care within communities, whilst ensuring the estates are fit for purpose, environmentally efficient and sustainable.

'Estates ties into our neighbourhood model. It's important it is done in partnership with the FT and other partners.'

*Mike Robinson,
Director of Governance and
Policy*

'If we didn't have delegated commissioning we would continually have to rely on someone else doing what was needed to allow the shift of care from acute to primary care. We need to do that ourselves because we know what needs to be done.'

*Su Long,
Chief Officer*

Resources to support delegated commissioning

- The CCG **invested in developing their primary care team** before they took on delegated commissioning. They enhanced the team with additional administrative support once delegated commissioning had started. They continue to work closely with their NHS England local team, who have been a continued source of support.
- The benefit of having a primary care team is having the dedicated capacity to focus on primary care.
- The primary care team consists of:
 - A GP Clinical Director of Primary Care post in recognition of the importance of developing clinically led primary care.
 - An Associate Director of Primary Care.
 - Administrative and analytical support
 - Contractual and financial support
- A number of workstreams sit within this directorate including:
 - Direct commissioning of primary care
 - Medicines management
 - Health Improvement

Top tips:

- *Agree roles and responsibilities early on with NHS England local teams and keep them under review.*
- *Have a transition period with NHS England to ensure effective and safe transfer of functions and responsibilities.*

‘Delegated commissioning means we can provide more support to practices and respond quickly to local needs, which is a big factor in building trust.’

*Mike Robinson,
Director of governance and policy*

What difference does delegated commissioning make?

- Delegated commissioning has been an **opportunity to develop primary care** to meet local needs.
- It has **strengthened relationships** with member practices and facilitated their greater involvement in the future development of primary care.
- It has enabled **greater investment** in primary care to address local priorities.
- It has helped to **address inequalities** by enabling the CCG to respond to the local demographics and the clinical needs within each peer group of practices.
- It has led to a robust **review of workforce and estates** to ensure the right foundation from which to plan for a sustainable future.
- It has supported the development of **integrated neighbourhood teams** to provide more responsive person centred care for people at a local level.

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.*

'It allows us to be clear in our locality plan how general practice will support shifting care out of acute and do it in a way that suits Bolton.'

Su Long
Chief Officer

Top tips for implementing delegated commissioning

- Have **regular engagement** with member practices. Listen and respond to issues they raise. This helps to develop a culture of mutual trust.
- Develop a **robust performance management** dashboard that is open for member practices to view.
- Work with NHS England to **understand historic contractual issues** and the position of each contract.
- Undertake a robust **review of workforce and estates** to give a clear understanding of the situation in your area to inform what needs to be done to **develop a sustainable primary care** for the future.
- Include Healthwatch and the local authority on your Primary Care Commissioning Committee to **bring a wider perspective** to the development of primary care.
- **Engage with the public** to allow the opportunity to influence the future developments of primary care to create ownership and understanding of who does what.

'There is a comfort in the national (GMS) contract and there can be apprehension. But once the practices agreed to let go you quickly realise it gives you more powers to do the things we want to do.'

*Wirin Bhatiani
Chair NHS Bolton CCG*

'Delegated commissioning allows us to progress more quickly as the CCG are the ones making the decisions.'

*Mike Robinson,
Director of governance
and policy*

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 Bolton CCG's approach to delegated commissioning, please email Lynda Helsby (lynda.helsby@nhs.net) or telephone 01204 46 2000.
- 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.