

# **Benefits of delegated commissioning: a case study**

**NHS Barking and Dagenham,  
Havering and Redbridge (BHR)  
CCGs**

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# NHS Barking and Dagenham, Havering and Redbridge (BHR) CCGs



## What has been achieved

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

- Enable a clear understanding of local practice issues and stabilise general practice.
- Support the development of a co-produced primary care strategy with member practices.
- Engage practices in the redesign of care pathways to reduce demand on secondary care.
- Improve access to primary care services.
- Support discussions to develop an Accountable Care Organisation through partnership working between multiple CCGs.

Resolution of historic contractual and estates issues to stabilise primary care.

Development of a shared vision for primary care and strategies that contain consistent themes across the three CCGs.

A review and redesign of clinical pathways that has reduced demand on secondary care.

Development of a quality dashboard to monitor key areas including diabetes, respiratory and patient experience.

Development of a shared vision across the CCGs that feeds into the development of the STP.

*'Delegated commissioning has allowed us to do the groundwork which has helped support primary care transformation.'*

*Sarah See, Director of Primary Care Transformation, BHR CCGs*

Population size:

- Barking and Dagenham CCG = 190,560
- Havering CCG = 262,000
- Redbridge CCG = 293,055

Number of member practices:

- Barking and Dagenham CCG = 38
- Havering CCG = 45
- Redbridge CCG = 47

The CCGs have a primary care commissioning "committee in common" for all three CCGs.

# Executive summary

Delegated commissioning has enabled BHR CCGs to develop greater stability within primary care and to identify the platform from which new models of care will progress. BHR CCGs have:

- Effectively managed a range of practice concerns resulting in a **more stabilised general practice**.
- Developed **primary care strategies co-produced** with members.
- **Improved access** to primary care seven days a week.
- **Redesigned clinical pathways** that have reduced demand on secondary care.
- **Developed a quality dashboard** to monitor key service areas such as diabetes, respiratory conditions and patient experience.

*'Primary care is the foundation on which the NHS is built so we need to make it as solid and robust as possible. Taking delegated commissioning is an opportunity for us to do that and develop more integrated placed based commissioning for our population.'*

*Conor Burke, Chief Officer, BHR CCGs.*

BHR CCGs found delegated commissioning has:

- Been a **catalyst to build a platform** from which to grow primary care to meet the challenges of the future.
- Enabled **ownership** of the primary care strategies by member practices.
- Been a **driver to deliver change** at a greater pace.
- **Strengthened relationships** with partners and helped in the development of the **Sustainability and Transformation Plan (STP)**.

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

- Good relationships with practices and culture of **mutual trust**.
- A team with the **right expertise** in primary care commissioning.
- Effective, **open and transparent** management of conflicts of interest.
- Clinical **leaders** to be champions for change and innovation.
- A **credible, assertive chair** of the primary care commissioning committee in common, who is not afraid to challenge.
- **Good effective working relationship** with NHS England.



# Collaborative working across BHR CCGs

Barking and Dagenham CCG , Havering CCG and Redbridge CCG are individual CCGs with their own governing bodies and their own priorities, plans and challenges.

Because they share the same acute hospital providers, as well as the same community and mental health service providers, it made good sense to work closely together to improve the health of their populations where appropriate. This 'joint working' also includes sharing a single management team, led by the Chief Officer, Conor Burke, and supporting staff.

The benefits of working together in this way include:

- The power of having three CCG voices which together provide a collective input to the STP;
- Economies of scale to share resources and expertise;
- Allows the opportunity to balance bespoke care that meets individual communities needs, with a standardised quality of primary care;
- Allows the development of consistent clinical pathways in partnership with the local acute trusts and local authorities.

The CCGs have a primary care commissioning "committee-in-common". GPs are members of the committee, but robust management of conflicts of interest means they do not take part where they are conflicted. Specific decisions regarding procurements are referred to a separate Investment Committee that does not allow any involvement of anyone who would be conflicted.



## *Top tips:*

- *Each CCG must make their own decisions based on what is best for their populations, but working collaboratively with other CCGs can bring benefits to all.*

*'What happens in a neighbouring CCG can have an impact, particularly where you share providers. Having three CCGs working in a collaborative approach really helps.'*

*Sarah See  
Director of Primary  
Care Transformation,  
BHR CCGs*

# Getting to know local practices

The CCGs invested a significant amount of time in understanding the individual needs of each member practice.

The primary care team worked with NHS England, practices and patients to resolve a number of historic contractual and infrastructure issues, such as those relating to premises, leases, business plans and practice disputes.

They have also been able to respond to new issues more quickly. For example, when a practice was flooded and closed for a year, the primary care team and the practice were quickly able to find alternative arrangements to ensure the 14,000 patients were able to access services.

A review of primary care estates and workforce is underway. This work is directly connected to the implementation of the primary care strategies and planning for the future.

The support provided by the CCGs has helped to stabilise general practice and provide the groundwork for discussions on the future development of primary care.

*'With delegated commissioning there has been more emphasis on involving patient groups in the decisions about movement or dispersal of lists etc. This is a powerful local strength.'*

*Khalil Ali, Lay member, Redbridge CCG.*

## Top tips:

- *Have a transition group comprising the CCG(s) and NHS England to identify what the position is in relation to contracts, premises, leases and other practice issues that are outstanding.*
- *Have clarity on the roles and responsibilities of the CCG and NHS England.*

# Development of primary care

- The CCGs engaged widely with members and partners to develop a strategy for primary care for each CCG. Each strategy is co-owned by all three CCGs and their members.
- The vision for primary care is consistent across all three CCGs, but addresses the individual needs and demography for each. The CCGs share a consistent operating model and aim to deliver the same standards of service to patients wherever they are within the three CCGs.
- The strategies aim to:
  - develop the workforce to meet the needs of the populations now and in the future
  - improve access to services
  - improve the use of technology e.g. to book appointments
  - improve the patient experience of using services
- Access to primary care has been improved by the provision of primary care GP 'hubs' in each locality. These are services for those who need more urgent care from a local GP in the late evenings or at the weekend. The services are provided from 6.30am to 10pm Monday to Friday, 9am to 5pm on Saturdays and 12pm to 4pm on Sundays. After seeing the evening GP, details of the consultation and any medicines prescribed will be sent to the patient's own GP by 9am the next working day, so the family doctor knows what has happened and what, if any, treatment has been provided.
- Member practices are working together to deliver services out-of-hospital. This includes plans to develop GPs with Special Interests (GPSI) to deliver services closer to patients homes.
- The CCGs have developed a quality dashboard to monitor key service areas including diabetes, COPD/Asthma and patient experience. Practices within each CCG can see each others data. A supportive culture has been developed to share learning across practices between those performing well and those who may be struggling.

## Top tips:

- *Take a supportive approach, working with practices that are struggling to improve service delivery.*
- *Sharing data can lead to peer influence and support for service improvement*

*'Having delegated commissioning gives a voice for general practice and primary care. It gives that local input.'*

*Dr David Derby, GP  
Havering.*

# Redesign of clinical pathways

A Joint Executive Team has been established to review a number of clinical pathways. Nine pathways were identified including gynaecology, gastroenterology, dermatology, orthopaedics and ophthalmology.

A number of workshops were delivered to redesign the clinical pathways for these service areas. The workshops included secondary care clinical leads and GPs. Each CCG led on three of the clinical areas. The clinicians involved in the workshops then supported the roll out of the new pathway via education sessions with member practices.

This has led to:

- The breaking down of barriers between secondary and primary care clinicians;
- Improved communication between clinicians;
- Improved knowledge and understanding of the service areas;
- Reduction in referrals to secondary care (by 40% for some services).

Having delegated commissioning has enabled the roll out of the pathways as a result of improved relationships and communication with member practices.

## Top tips:

- *Develop quality indicators to measure outcomes not just outputs.*
- *Healthwatch can support CCGs in engaging with patients to identify why they use services and what patients want from services.*

*'Delegated commissioning has allowed clinical leaders to have a powerful and immediate input into the development of local services. It really counts.'*

*Dr Steve Ryan,  
Secondary care consultant,  
Barking and Dagenham and  
Havering CCGs*



# Development of new models and the sustainability and transformation plan (STP)

- The development of the commissioning “committee-in-common” between the three CCGs has paved the way for joint discussions on the transformation of health and care.
- Having Healthwatch and Public Health representatives at the table strengthens the input of the wider determinants of health to local plans.
- This has helped to shift the mind-set of some GPs from ‘my practice’ to ‘my locality/CCG’.
- Localities are in different stages of development and discussions have started regarding the development of new models of care.
- The three CCGs have set up a Transformation Board with partners, including the local authorities and secondary care. Having delegated commissioning has informed the development of transformation plans and wider discussions regarding the STP.
- The focus for the primary care section within the STP includes:
  - access
  - workforce
  - quality
  - proactive care and self care
  - technology and infrastructure

## Top tips:

- *Having partner organisations such as Healthwatch and Public Health on the Commissioning Committee in Common helps to link primary care to the wider developments of new models and the Sustainability and Transformation Plans.*

*‘Having the local authority in the process helps with the wider integration and partnership work which benefits the transformation agenda, for primary care and the whole system.’*

*Richard Coleman, Lay member, chair of PCCC, Havering CCG*



# Resources to support delegated commissioning

The three CCGs have together invested in developing their primary care team. They continue to work closely in partnership with their NHS England local team, who has been a continued source of support.

The CCGs primary care team includes:

- A director of primary care
- A deputy director of primary care
- Two senior primary care managers
- Two (1.6 wte) officers

The CCGs recognise 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 NHS England local team has supported the development and are members of, the Commissioning Committee in Common. The committee is working well and allows sharing information and learning across the three CCGs.

## 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.*
- *Time is needed to ensure the data and paperwork for committee meetings include all the relevant information and can be understood by the members from different organisations and the public.*

*'The clinical directors need to lead the show. If the clinicians believe in it, the members are more likely to see the benefits.'*

*Kash Pandya  
Lay member BHR CCGs  
(Audit and Governance)*

# What difference does delegated commissioning make?

- It allows the CCGs to have **more control and influence** over the development of local services and **greater flexibility** in how they plan and deliver services.
- It allows the CCGs to manage contractual and practice issues locally, leading to greater understanding of the practices and developing a **more stabilised and sustainable primary care**.
- It has developed **ownership by member practices** of the future direction of primary care.
- It has led to **greater involvement of patients** in shaping services.
- It has allowed the groundwork to be undertaken to **inform the transformation of primary care** and the **development of the STP**.

*'We had huge reservations to start with, but they are a distant memory now. It was the right thing to do and allowed us to involve practices locally.'*

*Dr Shabana Ali, Clinical Director Redbridge CCG*

*'Delegated commissioning has allowed us to be more ambitious in where we want to go with our plans for an Accountable Care Organisation.'*

*Conor Burke, Chief Officer BHR CCGs.*

# Top tips for implementing delegated commissioning

- Have a **clear vision** of what you want to achieve.
- **Communication, communication, communication** – invest **time and energy** in regular engagement with members. Be honest and open about the challenges *and* the benefits.
- Listen to practices' concerns and views and **develop a culture of mutual trust**.
- Have a **clear governance structure** that is open and transparent.
- Have a **strong primary care team** that works in **partnership with NHS England**.
- Get the **management of conflicts of interest** right from day one. Ensure all involved understand the importance of effective management of conflicts.
- Have a **transition plan** with clarity on roles and responsibilities between the CCG and NHS England for the short and medium term.

*'You need to understand where primary care is in terms of its achievements. What is working well and what not so well. The JSNA can help with this. Then decide what you want to achieve in the first year.'*

*Anne-Marie Dean  
Chair, Havering Healthwatch.*

*'[Delegated commissioning] has been a catalyst for change and enabled relationship building and joint working.'*

*Dr Daniel Weaver  
Chair of Havering Local GP  
federation.*

# 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 Barking & Dagenham, Havering and Redbridge CCG's approach to delegated commissioning, please email Sarah See ([sarahsee@nhs.net](mailto:sarahsee@nhs.net)) or telephone 020 3182 3063.
- 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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