

Benefits of delegated commissioning: a case study

NHS Gloucestershire CCG

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

- Support the development of new models of care and STPs
- Drive the development of primary care services at pace
- Build the resilience and sustainability of primary care
- Engage member practices in developing local services
- Support the development of the primary care workforce
- Support estates planning to address the needs of the future

What has been achieved

Development of a strategy for primary care, with engagement of member practices.

Implementation of a proactive plan to address the workforce needs of today and the future.

Implementation of a Primary Care Infrastructure Plan (PCIP).

Development of enhanced services to respond to local needs and address clinical variation

Development of new models of care conversations and early collaborations that have informed the development of the STP

'Delegated commissioning has been an enabler to bring practices together.'
Helen Goodey,
Director of Primary Care

'Delegated commissioning is helping us bring care closer to home and to join up services.'
Alan Elkin
Chair of PCCC and vice chair of CCG

Gloucestershire CCG has a population of 635,000

It is a mix of urban and rural areas.

81 practices in 7 localities

Gloucestershire CCG has one main acute provider, a community care services provider, a single mental health provider and one local authority (with borough, city and district councils)

Executive summary

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

Gloucestershire CCG has:

- Developed a **workforce plan** to address the needs of now and the future.
- Supported practices to provide a **greater range of enhanced services** e.g. diabetes care, deep vein thrombosis. These are responsive to local needs, address clinical variation and respond to patients with specific needs.
- Surveyed the estates and developed a **Primary Care Infrastructure Plan (PCIP)**.
- Developed a **clinical leadership** programme to support the development of new models of care within the localities.
- Developed a **GP portal** for practice data on referrals, admissions and patient outputs and outcomes.

'We need to support resilience and sustainability in primary care and that's what this first year has been about.'

*Helen Goodey,
Director of Primary Care*

'It [delegated commissioning] has helped practices to think about how they want to see primary care taken forward.'

*Colin Greaves,
Lay member (Governance)*

Gloucestershire CCG found delegated commissioning has:

- Fired up **enthusiasm for change**, stimulating discussions with practices about future services to meet the needs of their patients.
- Been a **driver to deliver change** at greater pace.
- Been a **catalyst** to build a platform from which to grow primary care to meet the challenges of the future.
- **Strengthened relationships** with partners and helped in the **development of the Sustainability and Transformation Plan (STP)**.

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

- Good relationships and culture of **mutual trust**.
- A team with the **right expertise** in primary care commissioning.
- A credible, **assertive chair** of the primary care commissioning committee, who is not afraid to challenge.
- Effective, **open and transparent** management of conflicts of interest.
- The **development of leaders** in primary care to be champions for change and innovation.
- **Passion, enthusiasm and determination**.



A strategy for general practice

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

- Attract and retain the best staff;
- Ensure good access to primary care, 7 days a week;
- Create a better work life balance;
- Maximise the use of technology;
- Reduce bureaucracy; and
- Support practices to work closer together to provide a greater range of services for larger numbers of patients.

The CCG has invested time in visiting practices and holding countywide events to share information and understand their issues. This discussion and feedback from practices and the LMC has been of great benefit in the development of the strategy. Partner organisations such as Healthwatch Gloucestershire and the Health & Wellbeing Board were also involved. This has led to recognition and support for the strategy by the member GPs, partners and a strategy that links to the STP.

'We needed to get the platform right to start to make the changes required. Senior CCG leadership and a commitment to partnership working are essential factors in taking this forward.'

Helen Goodey, Director of Primary Care

Top tips...

- *Think about what your services need to look like in 5 years time. Don't just focus on how to meet today's demands.*
- *Enable the member GPs' voices to be heard.*
- *A close and constructive working relationship with the LMC is key to success.*
- *Develop a culture of 'all in it together'.*

Primary care workforce

- The CCG analysed the current workforce in primary medical care and developed a plan focussed on three main areas:
 - Recruitment, retention and return of the GP workforce;
 - Education and training;
 - New skill mixes.
- The CCG has promoted Gloucestershire as a good place to work through the BMJ: www.beagpingloucestershire.co.uk
- The CCG has worked to improve the number of trainees signing up to the **GP fellowship contract** (awards made to clinicians to develop GP skills) and those staying in the area.
- A **GP leaders programme** has been set up for GPs to represent each of the seven localities. This has provided GPs with the 'head space' and the tools to take on leadership roles.
- The CCG is sponsoring practices to bid for nurse practitioners and share them across practices to encourage more collaborative working.
- A practice managers' **mentorship scheme** has been set up, which includes a training programme. This provides support to those new to practice management and those who are struggling in their role.
- The CCG is encouraging practices to work together and put forward bids for funding to deliver more integrated place based commissioning. Current areas the practices have highlighted include integrated urgent care, frailty, mental health and clinical pharmacists.

Top tips...

- *Think about the workforce you will need to deliver new ways of working – what will you need in five years time?*
- *Ensure good levels of training and education to support the development of practice staff.*
- *Develop leaders in localities to be champions for the development of new models of care.*

'If you invest time in the right GP leaders they can add massive value'.

*Helen Goodey
Director of Primary Care and
Locality Development*

Development of clinical pathways



Gloucestershire CCG has developed a clinical pathway approach, involving primary, community and secondary services.

The CCG has made a number of **service developments** including:

- Enhanced services for all practices, e.g. diabetes care. This reduces follow up and outpatient appointments to support the CCG's QIPP (Quality, Innovation, Productivity and Prevention) plan.
- Enhanced services to target specific issues e.g. a practice with the majority of patients who have alcohol and other substance misuse problems. The CCG is developing a multidisciplinary approach, involving the mental health provider and four practices.

Gloucestershire CCG has developed a **primary care offer (enhanced service) as part of the contract with all practices** to encourage practices to:

- Improve quality
- Provide enhanced primary care services
- Support the wider system
- Be active members of the CCG

To support improvement in the quality of services, the CCG has developed a **GP portal**. This electronic source of data allows practices to see referral and admission data. Practices can see their own and that of their peers to compare activity. They can drill down to identify those patients with the highest numbers of attendances at A&E. The CCG has included within the 'primary care offer' the requirement for the practice to undertake two audits (one planned care/ one urgent care). They have to review the data after six months to see what has changed.

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.*

'Delegated commissioning has allowed us to move at pace but also give us some freedom to develop services as we want for Gloucestershire'

*Dr Andrew Seymour
Clinical Chair*

Estates planning

The CCG has worked proactively with member practices and partners to undertake a thorough analysis of the current estates portfolio to inform the development of a **Primary Care Infrastructure Plan (PCIP)**.

Six estates surveys were completed looking at:

- Physical condition
- Functional suitability
- Space utilisation
- Quality
- Statutory compliance
- Environmental management

The CCG is committed to developing primary care at scale, in line with national evidence. The PCIP sets out eleven key strategic practice developments to ensure the estates are able to respond to changes to the population and accommodate planned developments and new ways of working.

The CCG provides support to practices who want to merge and facilitates conversations for those wanting to federate.

The estates plan has put the CCG in an ideal position to contribute to the development of its **Sustainability and Transformation (STP) plan**.

Top tips...

- *Encourage practices to work together to gain the advantage of working at scale but without losing local responsiveness.*

'We could act quickly and effectively when we needed to close a practice. We were able to respond to patients concerns and it was handled well.'

*Alan Elkin
Chair of PCCC and Vice Chair
of CCG*

Development of New Care Models and the STP

The CCG supports the localities in developing provider models around 30,000 patient populations in line with the Multi-speciality Providers (MCP) emerging care model and contract framework (NHS England July 2016). This has resulted in practices and partners exploring integrated working that could quickly move towards an MCP model.

The CCG has set up a **Provider Clinical Leadership Development Group** with leaders from each of the seven localities. This group forms the basis of the primary care representation on the newly established **New Models of Care Board**. This Board leads the new models development **‘One Place, One Budget, One System’** programme, which reports into the **Sustainability and Transformation Plan (STP) Delivery Board** (see next slide).

Having representation from the Health and Wellbeing Board and Healthwatch Gloucestershire on the CCG’s primary care commissioning committee has enabled a greater understanding of the pressures and constraints on primary care and the wider health system and supported the development of the STP.

Top tips...

- *Work closely with partners to develop plans utilising joint resources.*
- *Involve your Health & Wellbeing Board and Healthwatch representatives as non-voting members of the PCCC. This will link the primary care plans to discussions on the wider health and care system.*

‘Having delegated commissioning very much helped the development of the STP. We all get it, we all work together.’

Cllr Dorcas Binns Chair Health & Wellbeing Board and PCCC member

Governance and leadership for the delivery of Gloucestershire STP



The diagram below (*Gloucestershire primary care strategy 2016– 2021*) shows how the primary care strategy is a ‘System Enabler’ to the delivery of the STP ambitions and therefore is crucially important across the whole system. Primary care is a key component of the new models of care delivery under our “One Place, One Budget, One System” approach.



Resources to support delegated commissioning

- The CCG has **invested in developing their primary care team**. They continue to work closely with their NHS England local team, who have been a continued source of support.
- A **Director of Primary Care post** has been created in recognition of the importance of developing primary care and its key place in the health and social care system.
- To support the primary care commissioning committee, the CCG has set up an **operational group** to focus upon operational primary care matters. This means that the primary care commissioning committee does not get buried in the detail of managing contracts and are able to focus on planning for the future.
- The development of leaders within primary care (see slide 5) is supporting the delivery of delegated commissioning.
- Commissioning data systems have been developed to support practices (see slide 6) to share data and to encourage and enable more effective commissioning and development of primary care services.

Top tips...

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

'As an outsider it has helped me to understand the pressure practices are under. There is financial strain for all of us but we have a stronger strategy by working together for the long term.'

Cllr Dorcas Binns Chair Health & Wellbeing Board and PCCC

What difference does delegated commissioning make?

- It is a **catalyst for change** – it sparks ideas and increases enthusiasm from the member practices.
- It **increases the pace** at which you can 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 helps to build **better relationships with practices** that are based on mutual trust.
- It enables your practices to have a stronger voice in primary care development and to **shape primary care services locally**.
- It can help to **prepare the platform** from which future services can be planned as part of the STP.

‘Delegated commissioning has helped with communication and developed a spring in the step of primary care’

Colin Greaves, lay member (governance)

‘We understand primary care in a much better way than we did before.’

Alan Elkin, Chair of PCCC and Vice Chair of CCG

Top tips for implementing delegated commissioning

- Establish a **strong, challenging transition team** – inclusive of all CCG directorates and NHS England - to ensure planning is robust and effective.
- Develop a culture of **mutual trust** with practices, through regular communication, listening, responding and being supportive.
- Have a good **balance of officers**, including Healthwatch and Health and Wellbeing Board representatives, 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.
- **Develop leaders** in primary care, not just GPs, but also practice managers and other practice staff.
- Appoint a credible, assertive **chair** of the primary care commissioning committee, who is not afraid to challenge.
- Have **detailed minutes and papers**, that are presented to the primary care commissioning committee, so the evidence base and rationale are clear to help the committee make decisions.

'The key is having good relationships. Practices know they can pick up the phone and speak to someone.'

*Dr Andrew Seymour,
Clinical Chair*

'It's important that the evidence base and rationale are clear to help committee members make decisions.'

*Alan Elkin
Chair of PCCC and Vice
Chair of CCG*

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 Gloucestershire CCG's approach to delegated commissioning, please contact Helen Goodey, Director of Primary Care at Gloucestershire CCG (email: helen.goodey@nhs.net).
- 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.