

Co-commissioning arrangements for Primary Care (medical)

In conjunction with SWL
Collaborative Commissioning

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The CCG's Council of Members & Governing Body have agreed :

- to make an application to **jointly co-commission** primary care medical services in conjunction with NHS England and SWL CCGs
- to amend the CCGs constitution to enable the CCG to form a SWL joint committee to support Primary Care Commissioning
- the Terms of Reference of the Joint Committee



Co-commissioning of Primary Care

- Co-commissioning describes two or more commissioners to come together to commission health services
- It is the mechanism proposed by NHS England to involve CCGs in the commissioning of primary care contractual arrangements.
- It is one of many changes (along with specialised commissioning) set out in the NHS Five Year Forward View. The view is that co-commissioning is a key enabler in developing seamless integrated out of hospital services for local people as it supports the joining up of previously fragmented services

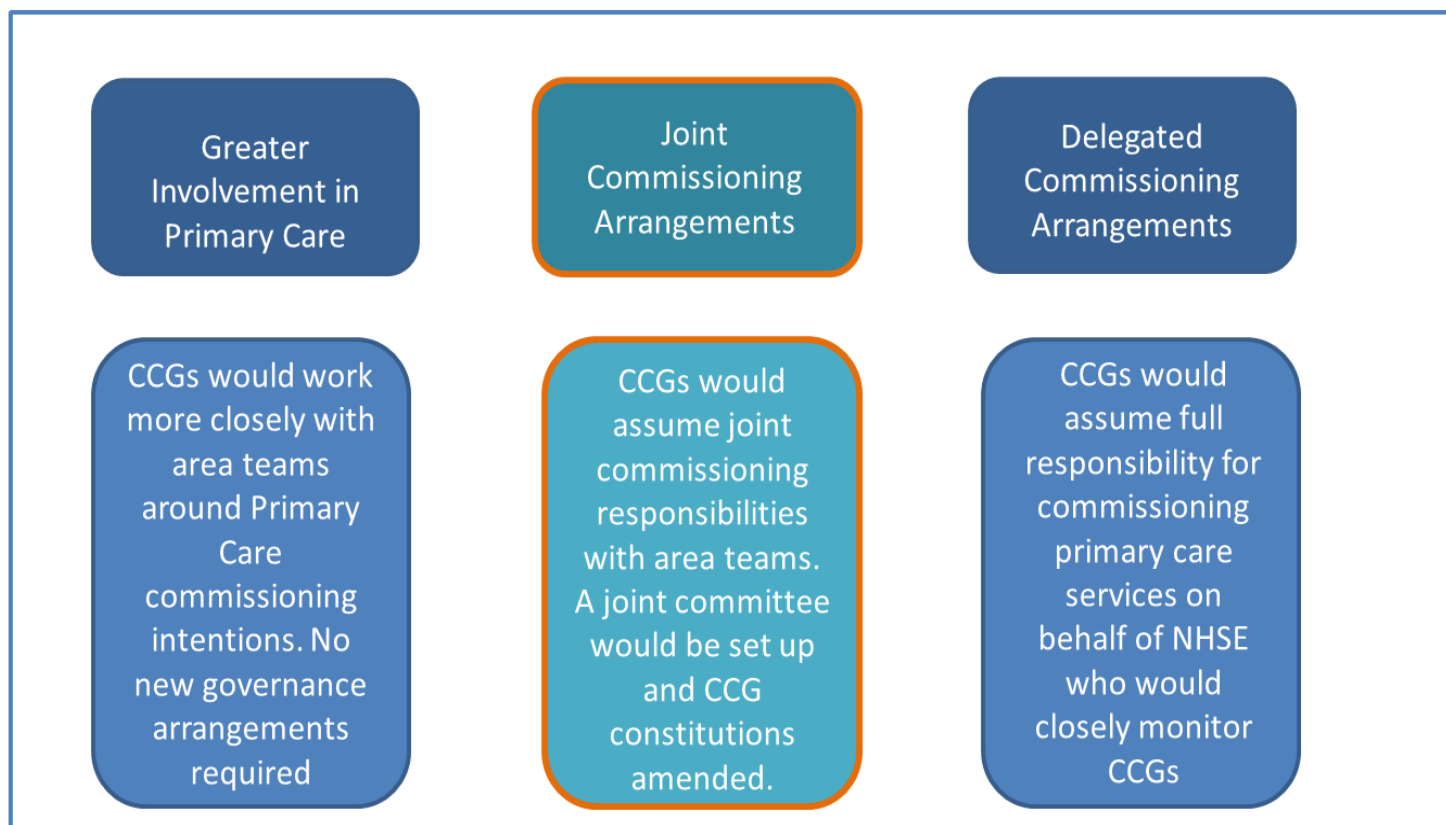


What does primary care co-commissioning mean?

- NHSE have identified specific primary care functions which can be co-commissioned (core contracts will **not** be changing), namely:
 - Designing Contracts (APMS, PMS)
 - Contract monitoring
 - Contractual action
 - Removal of contracts
 - Local Enhanced Services
 - Directed Enhanced Services
 - Design of local incentive schemes as an alternative to QOF
 - The ability to establish new GP practices in the area
 - Approving practice mergers
 - Making decisions on 'discretionary' payments



Three models for co-commissioning arrangements



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What does joint commissioning mean?



- **Joint commissioning** arrangements between all CCGs in SWL and NHSE allows shared responsibilities of many of the important functions for commissioning primary care
- Joint commissioning arrangements **will allow** CCGs to bring local knowledge and develop localised commissioning and incentives
- Joint commissioning arrangements **will allow** CCGs to improve their relationships and engagement with local primary care teams
- Joint commissioning, as opposed to delegated commissioning, may reduce risks associated with identifying and managing conflicts of interest, capacity/capability risks and financial risk

Primary care function	Greater involvement	Joint commissioning	Delegated Commissioning
General practice commissioning	Potential for involvement in discussions but no decision making role	Jointly with area teams	Yes
Pharmacy, eye health and dental commissioning	Potential for involvement in discussions but no decision making role	Potential for involvement in discussions but no decision making role	Potential for involvement in discussions but no decision making role
Design and implementation of local incentives schemes	No	Subject to joint agreement with the area team	Yes
General practice budget management	No	Jointly with area teams	Yes
Complaints management	No	Jointly with area teams	Yes
Contractual GP practice performance management	Opportunity for involvement in performance management discussions	Jointly with area teams	Yes
Medical performers' list, appraisal, revalidation	No	No	No

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Why the Joint Commissioning Model?

- SWL CCG Chairs & Chief Officers have reviewed options and respective benefits and challenges and recommend the joint commissioning model
- It offers an opportunity to commission general practice in partnership with NHS E and other CCGs
- It enables CCGs to better manage conflict of interests in their decision making
- It allows CCGs to build the capability and capacity to commission
- It enables risk to be managed as each body retains their statutory function and responsibility
- It provides a stepping stone to full delegated budgets



Key Considerations for Co-Commissioning

Strengths

- Enables CCGs 'as membership organisations' to influence Primary Care decisions with funding risk being held by NHS E
- Enables services to be commissioned in joined up way in line with local priorities – reduces current fragmentation
- Enables responsive services to meet local needs

Weaknesses

- No new funding identified at this time
- Increase in CCG role in managing and monitoring GP practices

Opportunities

- Alignment primary medical services locally to meet needs of local populations eg, QOF plus
- Ability of CCG to resolve local organisational issues for GPs eg, local knowledge of contractual and payment issues, facilitating practice mergers and provision of safeguarding training
- Facilitates our ambition of providing a wider range of services closer to patients homes – shifting resource and focus from secondary care
- Supports the development of sustainable/resilient local services in primary care

Threats

- Increase conflicts of interests and potential for increased external interest
- Increased work load for GPs in delivering 'out of hospital agenda'
- LMC are concerned about co-commissioning
- Potential impact on membership engagement



Key Concerns Raised & Mitigations

- **Short time scale for decision** – this is the NHS England timescale which we are required to meet. Guidance was very late. The joint commissioning option means that we can develop our approach and not hold any commissioning risk.
- **Governance of decision making** – transparency and scrutiny of decision making demonstrated through public joint committee with attendance from HWBB, Health Watch and LMC representatives
- **Conflict of Interests** – mitigated through revised conflict of interest requirements as well as joint decision making with other bodies
- **LMC Concerns** – mitigated through attendance of LMC representatives
- **CCG Resource** – mitigated through joint resource with NHS E & CCGs



Joint Committee ToR

The Joint Committee shall consist of:

- Three representatives from each CCG; the CCG Chair, Chief Officer and Lay Member (one vote)
- Three representatives from NHS England's London Area Team, as follows: the Medical Director, Area Director and Head of Primary Care (or a named deputy of appropriate seniority for any of these representatives)

There will be one vote per organisation

The following non-voting attendees will be invited to attend meetings of the Joint Committee:

- One representative from each relevant Local Medical Committee, including the Surrey and Sussex Local Medical Committee
- One nominated representative from each relevant borough's Health and Wellbeing Board
- One representative from each relevant borough's Healthwatch



Next steps

- CCGs await feedback from their application submitted to NHSE by 30th January 2015
- The arrangements go live in April 2015

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