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# Primary Care Co-commissioning

## Croydon CCG



# Primary Care Co-Commissioning

There are currently three levels of primary care co-commissioning:

- Greater involvement – an invitation to CCGs to work more closely with their local NHS England teams in decisions about primary care services
- Joint commissioning – enables one or more CCGs to jointly commission general practice services with NHS England through a joint committee
- Delegated commissioning – an opportunity for CCGs to take on full responsibility for the commissioning of general practice services



## Summary to date

In March 2016, the CCG council of members agreed that the CCG should continue to co-commission primary care, and review the case for full delegated authority in Autumn 2016.

Since this decision there have been significant changes in primary care nationally, driven by the STPs and GP 5 year forward view, which have given commissioners the mandate to transform primary care.

The current mechanisms for commissioning services from General Practice will not deliver this transformation, which relies on primary care delivery at scale.

Delegated commissioning will allow the CCG to have influence over primary care transformation and its integration with community and hospital services.

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# Delegated Commissioning Opportunities

- ✓ Enables all primary care commissioned services to be managed together and re-designed as appropriate, with members, to meet changing needs of the population
- ✓ Ability to make local investment decisions in primary care, including flexing investment based on local demographics in individual networks
- ✓ Aligns with development of seamless integrated out of hospital services for local people through OBC, with community resource being allocated where needed.
- ✓ Supports the development of sustainable and resilient local services in primary care through collaborative working rather than outsourcing.
- ✓ Supports local solutions to operational and organisational primary care issues to expedite resolutions



# What would change?

- NHSE would still be responsible for core GMS/PMS/APMS contract regulation and monitoring, as well as managing the performer's lists.
- Decisions would be agreed locally, but NHSE would still be members of all our primary care committees and influence these.
- Currently the CCG influences decisions in relation to primary care commissioning, but the sign off has to be from NHSE.
- The CCG would need to have clear and transparent processes for decision making available to practices and the public.
- The CCG would need to provide practices with more primary care support.
- The CCG's decisions would need to follow protocol, and there would be a dispute resolution process
- The CCG would work closely with South West London CCGs to manage conflicts of interest



We have developed a clearer vision for the entire health economy

Decision making is based on a solid understanding of need on the patch

It has improved relationships with LMCs, practices and patient participation groups

There is a greater feeling of clinical leadership across the locality

There are more local discussions happening on practice sustainability

There is better coordination of primary care and a greater sense of decisions that impact on local healthcare are taken closer to local people

We have the ability to ensure that the enhanced services are fully aligned with our plans

## CCGs have reported the following benefits from delegated commissioning so far...

There is an increased appetite to change primary care for the better

There is greater involvement of the membership and the local community in future decision making

We can now start to get a joined up strategy for primary and secondary care

There is increased leverage to encourage new models of primary care at scale



# GP Forward View: Strategic Context

The General Practice Forward View (GPFV) sets out the aspiration for significant transformation of primary care nationally, supported by additional funding

Key areas for transformation mentioned in the GPFV include Enhanced Access, Provider Development, Workforce, Estates and Technology. All of these are part of our Out of Hospital Strategy, and Sustainability and Transformation Plan.

The CCG will continue to invest in primary care, but a new approach is needed to address the challenges being faced by primary care, as well as the wider health economy.

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# What does the GPFV and STP aim to address for Croydon?

- The significant challenges to Croydon in relation to workforce, estates, and population growth.
- The significant variation in demography across Croydon
- The establishment of the SWL commissioning collaborative to deliver the STP means there is more local primary care commissioning support available
- Funding for primary care is being consolidated across SWL, and the CCG needs to make a case for investing its allocation into primary care
- NHSE will still sign off the CCGs use of funds and plans are shared with members and the public, as well as the LMC and HWBB





# The CCG's Ambitions for Primary Care

The CCG wants primary care to be able to manage more patients in the community. To do so will require transformation:

- Premises will need to manage a larger footfall
- Technology will need to allow for improved sharing of records, and more electronic or remote consulting
- The workforce skill needs to be increased using newer roles available
- Practices will need to work collaboratively to deliver equitable services to patients.

Discussions have already taken place at network meetings, PM Forums, and LMC liaison



## What does this really mean for patients and the public?

These changes are about giving local communities and patients more say in the care they receive and doctors and nurses more freedom to shape services to meet people's needs, to improve the quality of the support, care and treatment we all receive

Primary care services can be tailored to meet local needs as the CCGs will have the ability to make local decisions.

Patients will still contact their local GP practice when they are unwell and will continue to receive healthcare free at the point of need just as before.

