

## Governing Body (public) meeting

DATE: 29 January 2015

Title	Options for Primary Care Co-commissioning
<p>Recommended action for the Governing Body</p>	<p>That the Governing Body:</p> <p><b>APPROVE:</b></p> <p>The Governing Body is asked to approve the recommendation for Bexley CCG (along with the South East London CCGs) to submit an expression of interest to NHS England for co-commissioning of General Practice on 30<sup>th</sup> January 2015 for the following;</p> <ol style="list-style-type: none"> <li>1. For the financial year 2015/16 NHS Bexley CCG's preferred co-commissioning model is that of a '<i>Joint Commissioning Arrangement</i>' (Model 2) from April 2015 with NHS England noting both membership feedback and the identified risks and mitigations, including the need to undertake further financial due diligence to assess the potential financial, legal and regulatory exposure and risks.</li> <li>2. That governance arrangements will consist of the development of shared governance through a 'committees meeting in common' or similar with NHS England and the five other South East London (SEL) CCGs.</li> <li>3. A trajectory for the implementation of '<i>Delegated Commissioning Arrangements</i>' (Model 3) from April 2016 will be developed and subject to a further decision at a later stage.</li> <li>4. To note that proposed amendments to the CCGs constitution to enable shared governance will be submitted to the Governing Body in March 2015, in addition to final proposals following a review of the CCGs Conflict of Interest Policy (Col) (discussion point on today's agenda) to ensure that perceived and actual/real Cols are dealt with in a transparent and accountable manner.</li> <li>5. The Chief Officer to put in place, before the 1 April 2015, the necessary arrangements to implement 'joint commissioning' (Model 2) of primary care. Progress will be reported at the March 2015 Governing Body meeting along with</li> </ol>

	<p>constitutional changes.</p>
<p>Executive summary</p>	<p>Co-commissioning is one of a series of changes set out in the <i>NHS Five Year Forward View</i> and articulates the need to address traditional barriers in the how care is provided. It calls for out-of-hospital care to become a much larger part of what the NHS does, and for services to be better integrated around the patient. Co-commissioning is a key driver by enabling commissioning budgets and plans to be aligned or formally delegated depending on the level of co-commissioning and therefore provides greater opportunity to deliver population wide commissioning beyond the services currently commissioned by the CCG.</p> <p>The stated overall aim of co-commissioning is to develop better integrated out-of-hospital services based around the diverse needs of local populations.</p> <p>In May 2014 NHS England invited expressions of interest (Eol) from CCGs to explore co-commissioning arrangements. Following discussions with the six CCGs in SEL and the LMC, an expression of interest was submitted by the six CCGs in June 2014 committing to further exploration in particular with the CCG membership.</p> <p>Bexley CCG commenced engagement with its membership to ascertain the level of support for co-commissioning arrangements in addition to understanding some of the complexities and practicalities. The membership are supportive of moving to a level 2 co commissioning arrangement as set out above. Further discussion would need to take place before any move towards level 3.</p> <p>In November 2014, NHS England produced additional guidance on Co-commissioning and next steps. The CCG has been working closely with the other CCGs in South East London through workshops (19<sup>th</sup> November 2014 and 17<sup>th</sup> December 2014) to discuss the practical tasks and decisions required to support assurances required from each CCG by NHS England. Additional workshops are planned for February 2015.</p> <p>CCGs are asked to submit Eol and provide assurances to NHS England by 30<sup>th</sup> January 2015 for joint commissioning arrangements. Appendix 1 provides details of the areas expected to be covered in any Eol by</p>

NHS England from CCGs.

Proposed Co-commissioning Models for Primary Care

Three standard models for the co-commissioning of primary care have been offered to CCGs by NHSE:



**Model 1 – Greater Involvement in Primary Care Decision-Making**

Under this model CCGs would be enabled to collaborate more closely with their local area teams from NHS England to ensure the strategic alignment across decisions for the local health economy. Both parties will also need to engage with local authorities, local Health and Wellbeing Boards (HWB) and communities in primary care decision making. With no formal accountability for decision making the potential for CCG conflicts of interest are not increased.

**Model 2 – Joint Commissioning Arrangements**

This model enables one or more CCGs to assume responsibility for jointly commissioning primary medical services with their local area team via a committee arrangement. This model is designed to give CCGs and local area teams an opportunity to more effectively plan and improve the provision of out-of-hospital services and would enable pooling of funding for investment in primary care.

The functions covered in this option include;

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract);
- Newly designed enhanced services;
- Design of local incentives schemes as an alternative to QOF;
- The ability to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payments (e.g.

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returner/retainer schemes).

In joint commissioning arrangements individual CCGs and NHSE always remain accountable for meeting their own statutory duties with regard to Primary Care Commissioning.

It is for both parties to agree the full membership of their committees, however the guidance states that in the interests of transparency and the mitigation of conflicts of interest a local Healthwatch representative and a local authority representative of the HWB will have the right to join the committee as non-voting attendees.

### **Model 3 – Delegated Commissioning Functions**

This model offers CCGs the opportunity to assume full responsibility for commissioning general practice services, whilst NHSE will legally retain liability for the performance of primary medical care commissioning. To that end NHSE will require robust assurance that their functions will be effectively carried out. Similar to model 2 above, the functions to be included are;

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach/remedial notices and removing a contract);
- Newly designed enhanced services;
- Design of local incentives schemes as an alternative to QOF;
- The ability to establish new GP practices in an area;
- Approving practice mergers; and
- Making decision on 'discretionary' payments (e.g. returner/retainer schemes).

With regard to the governance of this model it is recommended that CCGs establish a primary care commissioning committee. CCGs will be required to ensure that the committee is chaired by a lay member and have a lay and executive majority. As with Model 2 Healthwatch and a local authority representative from the local HWB will have the right to join the committee as non-voting attendees. The governance developed around this model will need to be particularly mindful of potential conflicts of interest.

### Benefits

Co-commissioning is a key enabler in developing seamless,

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integrated out-of-hospital services based around the diverse needs of local populations. The intended benefits of co-commissioning are;

- *Improved **access** to primary care and wider out of hospital services, with more services closer to home*
- *High **quality** out of hospital care*
- *Improved health **outcomes**, equity of access, reduced inequalities*
- *A better **patient experience** through joined up services*

### Risks

Indicative/high level risks have been identified but are not limited to;

No.	Risk	Description of Risk	Mitigating Action/s
1.	Conflict of Interest (COI)	Real or perceived conflict of interests of GPs in specific decisions with regard to primary care commissioning	Revised Conflicts of Interest Policy  Strengthened governance arrangements; separation and transparency in decision making
2.	Financial	Clarity around final Primary Care Allocations and identification of any associated financial risk  CCG as the primary contract holder  Ability to preserve existing CCG purchasing power (e.g. if unified allocation)  Impact on CCG running costs – no additional	To be reviewed as part of the financial due diligence to assess the potential financial, legal and regulatory exposures and risk via the Finance & Investment Committee       Scoping Area Team resource with SEL CCGs  Scoping required on Primary Care Structure

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		resources allocated in 2015/16 for CCGs Capability and capacity of primary care commissioning/contracting	
3.	Premises	Unclear whether premises is in-scope	Further guidance awaited from NHSE To be reviewed as a part of the due diligence and SEL further workshops
4.	CCG Reputation	CCG Reputation and relationship with its members	Robust due diligence process to enable early identification of any issues and risks as a part of the trajectory development for model 3 in 2016/17 Appropriately resourced infrastructure to ensure delegated commissioning is effectively and efficiently managed in 2016/17 Robust governance arrangements
5.	Governance	Effective 'committee in common' arrangements	Robust governance arrangements will be required to address conflict resolution
<p><b><u>Membership Engagement</u></b></p> <p>Bexley CCG recognised that such a fundamental proposed change would require significant engagement with its members. To that end we have discussed with localities and the full</p>			

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membership at the last GP engagement event.

There was overwhelming support for the principles underpinning co-commissioning and with the majority supporting models 2 and with no members objecting to co-commissioning. More so members were of the view that they would receive better support from the CCG and this would maintain the good working relationships and support.

### Constitutional Amendments

Proposals for joint and delegated commissioning arrangements will require an amendment to the CCG's constitution. Model statements have now been produced for CCGs to consider in supporting submitting their constitutional change. Other minor individual CCG constitutional amendments may also be required in relation to these commissioning arrangements. As a membership organisation, the CCG must consult with members on any proposed constitutional changes.

The deadline for constitution amendment requests has been extended from 1 November 2014 to 9<sup>th</sup> January 2015. A further extension is in place of 30<sup>th</sup> January 2015 for constitution amendments that relate solely to joint commissioning arrangements.

### Conflict of Interest

Conflict of Interest guidance currently exists for CCGs and Bexley has an agreed policy and processes. However, in this new landscape a review of the CCGs Col Policy will be required. NHS England published a National Framework for Co-commissioning Primary Care at the end of December 2014. The impact of Co-commissioning primary care services on Col will vary depending on the model being proposed – particularly for Delegated Commissioning arrangements.

### Timeline

January 2015	Governing Body Approval of recommended model
January 2015	Finalise CCG proposed EoI, governance arrangements, committee footprint and resources
30 <sup>th</sup> January 2015	EoI for joint commissioning arrangements submitted to NHSE
February 2015	CCG Membership consultation on proposed constitutional amendments and Col Policy

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	Review												
March 2015	Governing Body approval of proposed constitutional amendments and Col Policy Review												
April 2015	Mobilisation												
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Consultation (public, member or other)													
Audit (considered/approved by other committees/groups)	GP Community at Engagement day – December 2014												
Communications plan													
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