

Governing Body meeting (held in public)

DATE: 24 November 2016

Title	General Practice Commissioning in Bexley
This paper is for Decision and Information	
Recommended action for the Governing Body	That the Governing Body: Approve the commissioning of general practice in Bexley.
Potential areas for Conflicts of interest	
Executive summary	<p>CCGs in SE London have been responsible for co-commissioning primary care services with NHS England since 1 April 2015. NHS England has since asked CCGs to consider whether they wish to move from this arrangement (level 2) to delegated commissioning (level 3) from 1 April 2017.</p> <p>Recent engagement with our GP membership resulted in our vote of 62% in favour of delegated commissioning. In addition delegated commissioning was discussed at the GP Engagement event on 15 September 2016 and at the three locality meetings during the month of September with further discussions and updates to the membership at the three locality meetings during October 2016. NHS Bexley CCG employees were also provided with information and briefed on the opportunities for the CCG moving to level 3 commissioning.</p> <p>This paper provides an overview of the opportunity of level 3 primary care commissioning, including the benefits and risks associated with the delegated commissioning arrangements and how these can help Bexley CCG achieve its strategic primary care objectives.</p> <p>Included in the paper is an outline of the engagement undertaken and future planned activities, details of further work required to support an effective application and the steps towards its completion.</p>

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	<p>The governing body is asked to:</p> <ol style="list-style-type: none"> 1) Note the level of engagement undertaken and the agreement of SE London CCGs to make an aligned set of applications. 2) Approve the submission of an application for level 3 primary care commissioning arrangements (Full Delegation). 3) Agree to Chairs action being taken to progress the final application on behalf of the governing body by the due date of 5th December 2016. 	
How does this paper support the CCGs objectives?	Patients:	Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders.
	People:	Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London.
	Pounds:	Delivering on all of our statutory duties and become an effective, efficient and economical organisation.
	Process:	Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.
What are the Organisational implications	Key risks	Failure to submit the application for level 3 primary care commissioning delegation before the deadline.
	Equality	None identified in this report.
	Financial	None identified in this report.
	Data	None identified in this report.
	Legal issues	Failure to submit the application for level 3 primary care commissioning delegation before the deadline may have legal implications for the CCG.
	NHS constitution	Failure to submit the application for level 3 primary care commissioning delegation before the deadline may lead a breach of the NHS constitution.
Engagement	The CCG membership, CCG employees, Bexley LMC, Bexley Patients Council and stakeholders have been engaged on the opportunities and development of level 3 primary care commissioning.	
Audit trail	Reports and minutes from the various engagement events are available.	
Comms plan	Once approved the application will be submitted to NHS England.	
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Date	2 November 2016	

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General Practice Commissioning in Bexley

1.0 Introduction

CCGs in SE London have been responsible for co-commissioning primary care services with NHS England since 1 April 2015. NHS England has since asked CCGs to consider whether they wish to move from this arrangement (level 2) to delegated commissioning (level 3) from 1 April 2017.

2.0 General practice commissioning

Co-commissioning is a key enabler in developing seamless, integrated out-of-hospital services based around the diverse needs of local populations in line with the NHS Five Year Forward View and consistent with developing consistent and high quality community based care and prevention as part of the Our Healthier South East London programme. 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 and
- A better **patient experience** through joined up services

Level 3 delegated commissioning functions for primary care (General practice) offer CCGs the opportunity to assume full responsibility for commissioning general practice services, whilst NHS England will legally retain liability for the performance of primary medical care commissioning.

To that end NHS England will require robust assurance that their functions will be effectively carried out. The functions to be included are:

- i) 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)
- ii) Newly designed enhanced services
- iii) Design of local incentives schemes as an alternative to QOF
- iv) The ability to establish new GP practices in an area

- v) Approving practice mergers and
- vi) Making decisions on 'discretionary' payments (e.g. Returner/Retainer schemes).

NHS England would remain accountable for outcomes and therefore would continue its assurance role of CCGs to ensure responsibilities are being adequately discharged and well managed to yield the intended outcomes.

On moving to level 3 the following responsibilities would remain with NHS England:

- i) Holding the medical performers' list
- ii) Performers' appraisal and revalidation
- iii) Pay and rations
- iv) Complaints
- v) Commissioning of dental, community pharmacy and eye health services

Subject to agreement by the governing body, NHS Bexley CCG will work with the other SE London CCGs to develop aligned applications for delegation of primary care commissioning. The applications are due by **5 December 2016** and a successful application will require further analysis including:

- i) Governance arrangements (to include the impact of new conflict of interest guidance)
- ii) Operational resource to support delegation (currently the subject of the London OD review)
- iii) Financial and related due diligence.

3.0 Engagement with NHS Bexley CCG membership

As part of the application to NHS England the CCG is required to demonstrate that key stakeholders have been involved in the process leading to intent to move to delegated primary care commissioning arrangements. As outlined below, NHS Bexley CCG has engaged with primary care stakeholders including the GP Membership, Bexley Patients Council, the Health and Wellbeing Board, Healthwatch, the Local Medical Committee and employees. A particularly important part of this engagement was a CCG membership vote at the engagement on 15 September 2016. 72 votes were cast in favour of the CCG moving to level 3 commissioning representing 62% of the membership:

- i) 116, total number of votes available
- ii) 72 votes were cast in favour of level 3 commissioning
- iii) 27 votes were cast against level 3 commissioning
- iv) 1 abstention was received
- v) 16 votes were not cast

4. Engagement, decision-making and application

Engagement with stakeholders was to ensure that practices understand what moving to level three co-commissioning entails, focusing on what it means for them and what the processes and timelines are. Communication has ensured that clear consistent information has been given and there have been opportunities for questions to be asked and clarification sought where needed.

For other stakeholders to understand what moving to level three will mean for general practice primary care in Bexley, NHS Bexley CCG has focused on using regular communication and engagement channels to share information on co-commissioning whenever possible.

Member practices	
15 Sept 16	Presentation and discussion at GP engagement event (quarterly events for all Bexley GPs and PMs)
15 Sept 15	Report and discussion at Primary Care Advisory Group meeting (formal meeting of membership with one representative from each practice)
Throughout Sept 16	Discussion at the three locality meetings (Frognal – 13 th ; North Bexley – 13 th , Clocktower – 22 nd)
Throughout Oct 16	Update at the three locality meetings (Frognal – 15 th ; North Bexley – 22 nd , Clocktower – 27 th)
8 Dec 16	Update planned at quarterly GP engagement event
On-going	Regular articles since and updates September in CCG Bulletin, published fortnightly (for practices and CCG) and stored on the CCG intranet.

CCG staff	
5 Sept 16	Staff meeting – Chief Officer’s briefing
3 Oct 16	Staff meeting – Chief Officer’s briefing
On-going	CCG Bulletin and intranet for member practices

Local Medical Committee (LMC)	
10 Aug 16	Agenda item on move to level 3 co-commissioning
14 Sept 16	Agenda item on move to level 3 co-commissioning
Future monthly meetings	Discuss with LMC as required at its monthly meetings

Patients/public	
28 Sept 16	Update item at Bexley Patient Council meeting (the CCG's key public/patient engagement forum with 25 representatives from across Bexley groups and organisations, including PPG representatives and Healthwatch)
19 Oct 16	Article in <i>Connect</i> – the CCG's stakeholder bulletin – produced in October (newsletter distributed to all key stakeholders/patient groups/voluntary and community organisations) in the borough
17 Nov 16	Major agenda item at Bexley Patient Council meeting

Health and Wellbeing Board (HWB)	
7 Sept 16	Update on plans at HWB meeting to submit a proposal for level 3 commissioning in December, highlighting the benefits for Bexley
17 Nov 16	Brief update planned HWB meeting in AOB

Planned activities	
Nov16	Complete pro forma to NHS England to express interest in applying for level 3 full delegation (template and deadline to be confirmed)
24 Nov 16	Governing Body meeting to approve intent to develop and submit full application for level 3 full delegation.
Nov and up to 5 Dec. 16	Full application to be completed by the Chief Financial Officer and in collaboration across the CCG and wider stakeholders
Jan 2017	NHS England to notify CCGs of the outcome of their applications
Jan to Mar 17	Preparation for full delegation to be on-going at the CCG and with NHS England
1 April 2017	NHS Bexley CCG takes over full responsibility for primary care commissioning in Bexley

5.0 Advantages and disadvantage of full delegation

Delegated primary care commissioning enables commissioning budgets and plans to be formally delegated and therefore provides greater opportunity to deliver population wide commissioning beyond the services currently commissioned by the CCG, allowing services to be better integrated around the patient.

Delegation ensures that the allocated budget for general practice remains in the borough and empowers CCGs with greater control to make more optimal and locally responsive decisions about how primary care resources are deployed as well as greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services.

Specifically, advantages of delegated commissioning include:

- i) Allows greater control over local decisions affecting primary care informed by local knowledge of services, and supports “Place Based Commissioning”
- ii) Enables clinically led, optimal solutions based on local patient needs
- iii) Enables whole pathway commissioning and service design
- iv) Enables the CCG to shift investment towards prevention from secondary care, closer to home
- v) Enables the on-going development of seamless integrated out-of-hospital services
- vi) Offers an opportunity to design local incentive schemes as an alternative to QOF or DESs with local agreement
- vii) Offers an opportunity for outcomes based commissioning in primary care
- viii) Offers more control locally to negotiate and manage the new PMS contracts and GMS equalisation
- ix) Mitigates the risk around the status quo whereby NHS England teams cover a large geographical patch, manage all independent contractors (GP practices, dental, optometry, pharmacy) and face considerable staffing and financial challenges
- x) Adheres to national policy, trends and commentary which favours full delegation to CCGs

CCGs who take on delegated primary care commissioning will also need to put in place controls to mitigate increased risks, including responsibility for management of the budget and associated financial pressures, ensuring that capable resources are available to undertake additional responsibilities and transparent controls are put in place to ensure decisions are made without real or perceived conflict.

Specifically, potential disadvantages of delegated commissioning include:

- i) **Workload and resources** – Considerable additional responsibilities will move into the CCG, yet the total shared workforce remains largely the same – linked to the outcome of the London OD review
- ii) **Real and perceived conflicts of interest** – Potential challenges or delays to decision-making due to conflicts of interest in primary care commissioning matters.
- iii) **SE London consistency and alignment with national priorities** – Variability in commissioning arrangements across the SE London STP area could make joint working more difficult. Also, despite more local freedoms, CCGs at level 3 will still be expected to deliver key national priorities, such as relating to access and quality
- iv) **Financial** – CCGs would take full responsibility for NHS England Primary Care QIPP requirements. CCG would need to consider Primary Care commissioning priorities alongside other competing priorities.

6.0 Further work required to support the application

The CCG has been working closely with the other SE London CCGs to discuss the practical tasks and decisions required to support assurances required from each CCG by NHS England as part of an application to move to delegated primary care commissioning.

In preparation for completion of applications this joint work is primarily focussed on the following three areas:

6.1 Governance arrangements and conflicts of interest processes

Current arrangements for co-commissioning with NHS England include Joint Committees for Primary Care Commissioning formed by each CCG with NHS England which meet in common and in public on a monthly basis. The location for the committee in common revolves between boroughs.

In support of the committees, each CCG has a sub-committee including NHS England representation, held in advance of the public meeting, where agenda items are discussed. Decisions are reserved for the public meeting. The committees also make use of other local governance arrangements, for example management of conflicts of interest.

CCGs are currently reviewing the above approach in light of experience gained over the last 18 months of co-commissioning and lessons learned by other boroughs who already undertake delegated commissioning. This review is designed to ensure that the governance approach included in the application sits alongside existing governance and allows CCGs in SE London to discharge their local and joint responsibilities effectively and transparently.

Alongside this review of primary care commissioning governance arrangements, CCGs are also reviewing conflicts of interest processes in light of updated NHS England guidance. A key outcome of this review is a process by which the Primary Care Commissioning Committee can demonstrate transparently that meetings have been conducted and decisions made without conflict.

6.2 Operational resource to support delegation

At the current time, the level of resource – both financial and human – that would come from NHS England if we move to delegated commissioning is under discussion. Delegation is being taken into account as part of the Organisational Development review of NHS England (London region) by Ernst and Young which has been on-going since spring 2016.

SE London CCGs are directly inputting into this review to reflect our preferences and recommendations for what devolved support for SE London CCGs should look like in the context of a likely move towards full delegation of primary care.

6.3 Financial and related due diligence

As part of the co-commissioning arrangements over the last 18 months SE London CCGs and NHS England have been operating with much more transparency relating to financial budgets and plans for primary care commissioning.

With greater financial responsibility being placed on CCGs as part of delegation, due diligence work is currently underway including:

- i) Budget allocation for Primary Care from 2017/18
- ii) Funds committed for on-going programmes, including source of funds and responsibility for any under / overspend.

7.0 Summary, next steps and authorisation required

Since 1 April 2015, CCGs in SE London have been responsible for the co-commissioning primary care services with NHS England. NHS England have asked CCGs to consider whether they wish to move from this arrangement (level 2) to delegated commissioning (level 3) from 1 April 2017.

Recent engagement with our GP membership resulted in a vote in which 62% favoured moving to delegated commissioning arrangements.

The CCG has been working closely with the other SE London CCGs to discuss the practical tasks and decisions required to support assurances required from each CCG by NHS England as part of an application to move to delegated primary care commissioning.

Next steps in this process include:

- CCG governing bodies endorse intent to apply for delegated primary care commissioning and aligned approach to completion of applications
- Develop proposed updates to local and joint SE London governance structures to enable move to full delegation – joint activity with nominated representatives across boroughs including primary care commissioners and governance experts together with central support
- Develop updated conflict of interest guidance, incorporating primary care commissioning requirements – CCG governance leads / COI owners
- Identify any updates required to constitutions to support delegation – these should be limited as most changes made to support co-commissioning were

made in a way that would enable a future move to delegation. These will be identified as part of the updates to governance above

- Develop aligned applications for submission to NHS England – including application pro-forma and supporting documentation / rationale - joint activity with nominated representatives across boroughs including primary care commissioners and governance experts together with central support

8.0 Recommendation

The CCG governing body is asked to:

- 1) Note the level of engagement undertaken and the agreement of SE London CCGs to make an aligned set of applications
- 2) Approve the submission of an application for level 3 primary care commissioning arrangements (Full Delegation)

Delegate the CCG Chair to progress the application through chairs action on behalf of the governing body by the due date of 5 December 2016.