

<b>HEALTH AND WELLBEING BOARD</b>		AGENDA ITEM No. 12
<b>10 DECEMBER 2015</b>		<b>PUBLIC REPORT</b>
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## PRIMARY CARE PROGRAMME UPDATE

<b>R E C O M M E N D A T I O N S</b>	
<b>FROM:</b> Matthew Smith, Assistant Director, Improving Outcomes	<b>Deadline date:</b> N/A
That the Health and Wellbeing Board note this report.	

### 1. ORIGIN OF REPORT

- 1.1 This report is submitted following a request from the Health and Wellbeing Board.

### 2. PURPOSE AND REASON FOR REPORT

- 1.2 The purpose of this report is to provide additional or background information requested by the Health and Wellbeing Board regarding Cambridgeshire and Peterborough CCG's Delegated Commissioning application.

### 3. BACKGROUND AND OVERVIEW

- 3.1 Under the Health and Social Care Act (2012) responsibility for commissioning and contracting most hospital, community and primary care services are as follows:

- NHS England hold the main GMS / PMS contract with GP practices, including the Quality and Outcomes Framework (QoF) and nationally directed enhanced services. NHS England also contract with dentists, optometrists and community pharmacies.
- Cambridgeshire & Peterborough CCG commission and contract for most hospital and community services, and also local enhanced services which are usually provided by GP practices.

- 3.2 Since April 2015, the CCG and NHS England formed a Joint Committee to 'co-commission' GP practice services (but not dental, optometry or pharmacy). The intention is to ensure decisions make sense locally for Cambridgeshire and Peterborough and complement decisions we make about hospital and community services. However, funding and ultimate responsibility for GP contract decisions remains with NHS England.

#### **Delegated commissioning – Pros and Cons**

- 3.3 In November 2014 NHS England wrote to CCGs to invite them to apply for 3 levels of greater involvement in commissioning primary care services (greater involvement; joint commissioning; and delegated commissioning). As described above, the CCG entered a joint commissioning arrangement with NHS England in April 2015. The CCG has been considering for several months whether or not to apply for full delegated commissioning (and has been engaging with local stakeholders throughout the process), which would be effective 1 April 2016.

- 3.4 In brief, the advantages of taking on delegated commissioning are:

- Strengthening and developing primary care is key to the CCG's wider service strategy. At the same time local practices are facing many financial and capacity challenges. Greater local control over decisions affecting the future of primary care is likely to help us deliver better, more sustainable services for patients and support primary care providers.
- One of our aims is to secure more joined up provision of primary, community and hospital services. Delegated commissioning of primary care would help the CCG to do this by bringing together decisions across the whole patient pathway
- The CCG has a good level of local clinical and management knowledge about local services, and our sole focus is on improving care for Cambridgeshire and Peterborough patients within the funds available. In contrast, the NHS England 'sub regional team' has to cover a very wide geographical area and prioritise the most pressing primary care issues which are not necessarily in our patch. NHS England has had to make significant reductions in its staffing budgets which further reduces their capacity to focus on Cambridgeshire and Peterborough matters.

3.5 However, the decision is not straight forward – there are a number of issues and risks to be aware of:

- Taking on responsibility for delegated commissioning of GP practice services increases the risk of real or perceived conflicts of interest. We would manage this risk by adhering to national guidance on how decisions were made to ensure that they were transparent. This would include a lay and executive majority committee meeting in public with representatives from our local Healthwatch organisations and our Health and Wellbeing Board, a register of interests developed in line with the NHS England Statutory Guidance, and an enhanced declaration of interests and register of procurement decisions. It is worth noting that 63 CCGs have already taken on delegated commissioning, and that we already have processes to manage decisions on Local Enhanced Services.
- Delegated commissioning would change the functions and Constitution of the CCG. This means that Member practices would need to support the decision to apply for it. For this reason, the CCG Governing Body has taken into account GP views, including those gathered from an LMC survey of individual GPs and Practice Managers, and a ballot of member practices in September.
- The CCG would need to be assured that there was sufficient funding for the services it would be commissioning. We have begun a 'due diligence' process of checking NHS England's budgets for primary care and our application would be subject to the outcome of this process.
- The CCG would also need to be confident that there were enough staff with the right skills and experience to do the work associated with delegated commissioning. We are in discussion with NHS England about how staff transfer might work. The CCG has a number of staff who have experience of working with primary care, managing contracts and pathway re-design.

3.6 The CCG's Governing Body has considered the potential risks and is confident that mitigating actions can be put in place. A 'due diligence' exercise is being carried out to assure the Governing Body that the CCG has the required budgets and resources to take on delegated commissioning.

### **Application to NHS England**

3.7 The application to take on delegated commissioning was submitted to NHS England on 6 November 2015. The application is still subject to final CCG Governing Body sign off in the New Year (including due diligence, staffing, and associated governance documentation). It is anticipated that NHS England would make a decision on the application by early 2016. Delegated commissioning would then commence from 1 April 2016

- 3.8 Based on a working assumption that the application will be approved, the next steps for the CCG are:
- to fully work through the functional and structural requirements to clarify responsibility and required levels of resource,
  - to add detail to the committee structures and governance arrangements,
  - to continue to work with NHS England to ensure the required data sharing arrangements can be facilitated, and
  - to continue to pursue financial due diligence on the budget assumptions and apportionment methodologies.
- 3.9 The Governing Body will need to assure itself on financial and resource implications in early 2016 before giving the final go ahead for 1 April 2016. The CCG would seek to work closely with NHS England, the Local Medical Committee, members and other stakeholders throughout this process.

## **4. ENGAGEMENT**

### **Member Practice ballot**

- 4.1 As the move to delegated commissioning would be a significant change to the responsibilities of the CCG and would require a change to the CCG's Constitution, it was necessary to seek member support for making the application. A survey of GPs and Practice Managers was undertaken in July 2015, which received 212 responses. The survey showed that the 'large majority see both potential risks and benefits, and think the decision is a difficult one,' but that completing due diligence on budgets and resources was key'.
- 4.2 In September 2015, GP practices in Cambridgeshire and Peterborough CCG's area were sent a letter asking them to endorse (or not) the following recommendation:
- That the CCG submits an application on 6th November 2015 to take on delegated commissioning of primary medical services from April 2016, subject to final assurance on the budgets and resources.
- 4.3 The vote returned a majority of 62.7% of practices (based on a turnout of 77.6%) in favour of submitting an application for delegated commissioning of primary medical services. This represents 52 'yes' votes and 31 'no' votes from the 83 practices that voted.
- 4.4 The results indicate that the majority of practices endorsed the Governing Body recommendation and gives the CCG a mandate to apply for delegated commissioning, subject to the conditions laid out above.

## **5. REASONS FOR RECOMMENDATIONS**

- 5.1 This report is for information and noting.

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