

Expression of Interest for Co-commissioning of Primary Care

Summary

Bath and North East Somerset (BaNES) CCG are expressing an interest to Co-commission Primary Care Services through a Joint Commissioning Arrangement with NHS England Area Team (NHSE).

The CCG believe that a Joint Commissioning role with NHSE will help the CCG and the broader BaNES Health and Wellbeing partnership to: -

- Integrate care outside hospitals in BaNES and deliver a sustainable healthcare system
- Improve engagement across the community and with local clinicians
- Support the design of the most appropriate high quality services for BaNES
- Contribute to the wider and developing CCG programme to minimise local health inequalities

The CCG anticipate Joint Commissioning as a useful first step in developing integrated locally sensitive “Place Based Commissioning” for Primary Care.

This expression of interest links the CCG’s vision expressed in our five year plan regarding the requirement to commission primary care at scale, to the mechanisms and levers for primary care commissioning. The proposed co-commissioning arrangements will be transparent, with robust governance arrangements and with the appropriate safeguards to manage conflicts of interest.

We hope our expression of interest, together with our five year plan, demonstrates our ambition and imagination to create joint commissioning arrangements to maximise our ability with local partnerships to deliver our “Healthier, Stronger, Together” vision for the residents of Bath and North East Somerset.

Introduction

1. Background and Vision for Bath and North East Somerset (BaNES) CCG

The CCG serves a resident population of 177,643 and a NHS registered population of 197,040 with a budget of £220m. Our boundary is co-terminus with B&NES Local Authority. We believe that our role as a high performing CCG is to lead our health and care system collaboratively through the commissioning of high quality, affordable, person centred care which harnesses the strength of clinician led commissioning that will empower and encourage individuals to improve their health and wellbeing.

Reference: Seizing Opportunities – A Five Year Strategy for Bath and North East Somerset, June 2014 <http://www.bathandnortheastsomersetccg.nhs.uk/news/five-year-strategic-plan>

2. Structure of the CCG and Commissioning Support

The CCG is a relatively small and lean organisation currently consisting of 43 employees and 34 whole time equivalents. Our running costs budget is £4.7m and this will need to reduce by 10% from April 2015.

We anticipate agreeing a Service Level Agreement with Central Southern Commissioning Support Unit for the period September 2014 to March 2016, to create stability in the commissioning system and to enable current arrangements to further develop. This will include an on-going review of service specifications, ways of working and joint organisational development activities. During 2014/15 the CCG is proposing to make changes to the configuration of some of these arrangements by providing some services in-house, in light of a recent review of our current and future needs.

Our expression of Interest

A. CCGs involved in the expression of interest

The application is for BaNES CCG only

In light of the current arrangements within BaNES: an Integrated Health and Social Partnership with B&NES Local Authority, a co-terminus geography with the Local Authority, strong working relationships within BaNES CCG practice members, it is logical to progress the expression of interest as BaNES only.

There have been positive initial conversations with other CCGs in our local geography: BaNES, Gloucestershire, Swindon and Wiltshire (BGSW). BaNES CCG is open to closer working with the other CCGs in the local area if this emerges as the favoured model. There is clearly an advantage to local CCGs and NHSE if there is a consistency of approach across BGSW.

This expression of interest is seen as a first step on the journey of co-commissioning. The CCG is anticipating that any agreed initial models will be tested, reviewed and adapted to maximise benefits to patients and key stakeholders.

B. Intended benefits and benefits realisation

I. Our vision

Our vision for primary care is articulated in our Five Year Strategy. The plan states:

Developing Primary Care at Scale

Our vision has significant implications for the role of primary care in BaNES and primary care provision is integral to the delivery of our five year strategy.

The role of primary care will form the foundation of our approach in enhancing and integrating the care and support of patients and their carers in our community.

We have already identified a clear emerging challenge for the CCG is the impact of managing multimorbidity. We will support primary care to develop in such a way that it is able engage in meeting this challenge by placing personalised care planning at the centre of long term condition management. A multidisciplinary team approach focused on practice clusters will draw on the experience of primary care physicians, practice nurses, pharmacists, social workers, community matrons, district nursing and community therapy staff as well as secondary care advice in order to establish care plans which address the complex needs of patients who experience multimorbidity.

This will be supported by a more efficient use of information technology and administrative support; improved education and support for patients to enhance their sense of control over their lives; a different focus for the primary care practitioner on a more collaborative style of interaction with patients; and the commissioning of services in response to the outcomes of these approaches.

Primary care will need to be able to respond to this ambition. We will collaborate with NHS England, the Local Medical Committee and practices to support this process of transformation.

The key enabler will be the ability for primary care in BaNES to speak with one voice, to ensure:

- There will be a far more rapid negotiation with practices around implementation of an emerging House of Care Model in BaNES*

- *Primary care is able to take its place as a system player in the health and social care community, for example in re-shaping urgent care and the implementation of the Health and Wellbeing Strategy*

Delivering these required changes during a time when the wider NHS and local health and care economy will face increasing financial pressures will be extremely challenging and will require a co-ordinated focus. **The CCG believes that arrangements for commissioning primary care would be enhanced through a more formal local Joint Commissioning arrangement with NHSE.**

Joining up the commissioning arrangements between NHSE and the CCG will provide greater opportunities to focus on “local levers” to support the delivery of the CCG’s five year plan and an opportunity to focus in on specific patient outcomes and health gain relevant to our Health and Wellbeing strategy.

Primary Care is at the heart of our communities and over 80% of all health care activity takes place in GP practices. Joint Commissioning of Primary Care and alignment of all commissioning activities: Adult & Children’s Social Care, Health and Primary Care will help to deliver local priorities, remove barriers, improve quality, minimise system inefficiencies and improve patient experience.

Putting clinicians at the centre of commissioning primary care supports the vision set out in the NHS Health and Social Care Act. Utilisation of the skills of local clinicians, through their understanding of the needs of their patients and their local communities will benefit the quality of primary care commissioning.

The joint arrangements allow the focusing of both National and Local contracting arrangements and creates an opportunity to reduce the administrative burden on GP practices and align incentives to the local CCG’s and Health and Well-being Strategy priorities. The CCG would welcome the opportunity to develop the current Primary Care Quality and Outcomes Framework (QoF) into a leaner core QoF and to roll all other incentives into a “local QoF”. The emphasis would be on local creation with NHSE and delivery aligned to local priorities.

II. How does our proposal for co-commissioning fit with five year strategic plan?

The initial proposal set out in the Barbara Hakin letter (gateway 01599) compliments the CCG vision set out above.

Through a **model of Joint Commissioning** in partnership with NHSE, the CCG will be better placed to achieve its vision of leading our health and care system collaboratively through the commissioning of high quality, affordable, person centred care which harnesses the strength of clinician led commissioning that will empower and encourage individuals to improve their health and wellbeing status.

A model of Joint Commissioning will:

- Bring Primary care into the integrated commissioning partnership arrangements already in place in BaNES with Health and Social Care.
- Align the quality agendas across all health and social care commissioning

- Put clinical leadership at the heart of primary care commissioning
- Enable better engagement with primary care providers through existing CCG mechanisms e.g. GP Forum, Cluster arrangements, practice managers' meetings, practice visits
- Enable better Public and Patient engagement with respect to primary care commissioning

Some of the key elements of the BaNES five year strategy will be better realised by aligning Primary Care Commissioning close to the CCG commissioning processes.

In the CCG five year plan the CCG has identified six priority work programmes for delivering the CCG strategy. These are: -

1. Increasing the focus on prevention, self-care and responsibility
2. Improving the co-ordination of holistic, multi-disciplinary Long Term Condition Management (focusing initially on Diabetes)
3. Creating a sustainable and responsive Urgent Care System
4. Commissioning safe, compassionate pathways for frail older people
5. Re-designing musculoskeletal pathways to achieve clinically effective services
6. Ensuring the inter-operability of IT systems across the health and care system

Primary Care will have a role in each of these priorities. A model of Joint Commissioning provides a greater opportunity to focus all the "discretionary" local contractual levers e.g. LESs, DES, QoF etc. to be aligned to these priorities.

We have a model of practice clusters, each with populations of 30, 000 to 50,000. These population clusters currently form the basis of the development of the Community Cluster Team model in BaNES. We propose that future community based service developments should be based around these five clusters, unless there is a strong argument for providing services at an even greater scale.

BaNES CCG believes that the linking of six priority work programmes, with the five clusters and the model of Joint Commissioning with NHSE provides a significant opportunity to strengthen the delivery of the CCG's strategy. Examples of this are set out in Table 1.

III. How does our proposal help achieve greater integration of our health system: GPs, Community Services, Mental Health and Social Care? – more joined up and improved outcomes

The CCG and Local Authority in B&NES are developing and framing our thinking about whole system integration in the context of an emerging "Your *House of Care*" Model. This is based on the Kings Fund Report "Delivering Better Services for people with Long- term conditions – Building the House of Care". The House of Care approach sets out four interdependent components that if delivered together will achieve patient centred, co-ordinated care for people living with long term conditions and their carers.

One of the key enablers supporting implementation of the House of Care model is "Primary Care at Scale". Joint Commissioning of primary care with NHSE will

support the alignment and further development of a Primary Care Strategy bringing into the very centre of our Integrated Commissioning arrangements and solutions. The CCG anticipates that the Joint Commissioning of Primary Care will ensure that Primary Care is able to contribute effectively to our integrated model in a more sophisticated and responsive manner.

Table 1 Examples of how Joint Commissioning will help deliver the CCG priorities and the anticipated outcomes

The Six priority work programmes	Joint Commissioning opportunities for Primary Care to help deliver work programme	Anticipated Outcomes
1. Increasing the focus on prevention, self-care and responsibility	<ul style="list-style-type: none"> • Develop prevention activity, including self-care, amongst the population through primary care • Ensure equality of access to healthcare, targeting resources to those with the greatest need • Utilise opportunities through which prevention and self-care initiatives can be included within existing provider contracts e.g., contracts to include prevention activities and incentivising prevention activities 	<ul style="list-style-type: none"> • Reduction in gap in premature mortality rate from selected causes between least and most deprived areas of BaNES • Increase in levels of primary prevention amongst BaNES residents, • Improved self-management support for patients with selected long term conditions • Reduced unwarranted variation in management of people on selected Long Term Conditions primary care disease registers
2. Improving the co-ordination of holistic, multi-disciplinary Long Term Condition Management (focusing initially on Diabetes)	<ul style="list-style-type: none"> • Our vision is to shift more care into primary care • There is a significant opportunity through redesign of the Diabetes Care Pathway to ensure that services are delivered by the most appropriately skilled person in the most appropriate setting of care 	<ul style="list-style-type: none"> • Improved patient experience by ensuring patients receive high quality and timely care close to home • Halt the rise in type 2 diabetes and slow the progression of the disease • Sufficient capacity within diabetes services to meet the needs of rising numbers
3. Creating a sustainable and responsive Urgent Care System	<ul style="list-style-type: none"> • Provide better and more easily accessible information about self-treatment options so that people who prefer to can avoid the need to see a healthcare professional • Provide consistent same-day, every-day access 	<ul style="list-style-type: none"> • Reduced Emergency Department attendances • Improved management of people with long term conditions leading to reduced unplanned elective admissions

	<p>to Primary Care</p> <ul style="list-style-type: none"> • Work with whole system ensuring Primary Care has a strong voice in redesign work simplifying the pathway for improved access for patients 	<ul style="list-style-type: none"> • Improved patient experience
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The Six priority work programmes	Joint Commissioning opportunities for Primary Care to help deliver work programme	Anticipated Outcomes
4. Commissioning safe, compassionate pathways for frail older people	<ul style="list-style-type: none"> • Embed and develop the Community Cluster Team model and active ageing service in 2014/15 and identify other opportunities for co-ordinating and developing responsive services for frail older people • Align CCG & NHSEs commissioning focus on over 75s e.g. £5/ head and other Primary Care contractual requirements 	<ul style="list-style-type: none"> • Patients receive a seamless and integrated response appropriate to their needs • Treat and care for people in a safe environment and protect them from avoidable harm • Reduced unplanned hospital admissions
5. Re-designing musculoskeletal pathways to achieve clinically effective services	<ul style="list-style-type: none"> • Support patients to proceed along the most appropriate pathway • Prevent unnecessary referral to secondary care pathways • Maximise impact of Primary Care management of patients in the community 	<ul style="list-style-type: none"> • Earlier diagnosis and appropriate treatment; reducing surgery rates and disability • More care delivered in community setting and reduction in inappropriate acute activity • Increasing patient choice and improving partnership working, patient experience
6. Ensuring the inter-operability of IT systems across the health and care system	<ul style="list-style-type: none"> • Primary care engagement and the GP Clinical Systems are the linchpin of this work programme 	<ul style="list-style-type: none"> • Enable improvements in patient care due to shared information avoid unnecessary delays in treatment

IV. How does our proposal raise standards of quality within general practice? (Reducing unwarranted variation in quality and where appropriate, provide targeted improvement support for practices)

Joint Commissioning would facilitate bringing together the Quality agenda under one overarching process within BaNES. In particular the CCG would take a strong lead on blending the agendas of patient experience and reducing unwarranted variation in quality.

Table 1 sets out the anticipated enhanced impact of co-commissioning which would result from aligning primary care commissioning to the CCG's strategic priorities. The CCG Quality Committee will monitor and track the quality metrics linked to these priority work streams whilst maintaining a focus on the key primary care quality metrics, which are available through NHSE's Primary Care Quality Dashboard. The monitoring of the clinical effectiveness of contracting interventions would feed into the contract review processes to target the outlier practices and through a programme of visits, the CCG will identify the actions and support required to improve the quality of care.

A joint focus on the six priorities and metrics through joint primary care commissioning will help to identify and align contractual levers and incentives to support the overall delivery of the CCG's priorities related especially to patient safety. These will include the work on patient safety aspects of the diabetes pathway, reducing emergency admissions in the urgent care system, improving the care of the frail elderly, the early diagnosis and reduction in disability linked to musculoskeletal pathway and improving the transfer of clinical information through the inter-operability of IT systems.

V. How does our proposal enhance patient and public involvement in developing services?

Joint Commissioning with NHSE would provide a more coherent and broader approach to the CCG's approach to patient and public involvement. We would expect to utilise the CCG's newly established Patient and Public Involvement Group "*Your Health Your Voice*". The input of the group in the full range of primary care commissioning issues will be sought as required. In addition, there is an opportunity to increase communication with established practice based patient involvement groups with respect to Primary Care Commissioning.

The CCG would build on its experience of the Friends and Family Test which has been piloted across the whole pathway in Primary, community and secondary care for patients with heart failure. This project included recording patients' perceptions at three separate points on the clinical pathway including within General Practice. There are opportunities to improve patient experience and "hard wire" this into our day to day approach by applying the learning from this scheme into any whole pathway redesign and accessing patients through primary care.

Joint Commissioning of Primary Care also opens up the stronger opportunity of supporting the development of one of our key priorities “Increasing the focus on prevention, self-care and responsibility”; by working with community groups and our third sector providers to support innovative ideas to develop our Primary Care venues into a broader community hubs of health prevention and self-care.

VI. How does our proposal tackle health inequalities? Improving quality of primary care in more deprived areas and for groups of peoples such as people with mental health problems or learning difficulties?

Joint Commissioning of primary care provides a greater opportunity for a joint focus on Health Inequalities.

The local Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy both identify key health inequalities across BaNES (inequalities in health including the life expectancy gap, variations in the incidence of disease, and specific groups at higher risk of avoidable differences in health outcomes) and make a commitment to tackling the issues that contribute to these inequalities. In the current period of limited resources, the need to focus programmes and services on those with the highest needs is greater than ever.

The CCG and NHSE, in partnership with public health colleagues, will be better placed to agree to target resources to identified priority areas and to focus on the local priorities which drive inequalities in health within localities.

In particular as part of the co-commissioning in primary care we will be looking to:

- Ensure that the quality including access rates and waiting times, is at least as good in communities with poorer health outcomes as the rest of the BaNES
- Identify and reduce unwarranted variation and improve the quality of primary and secondary prevention, management and provision for conditions contributing to early mortality and disability (as identified in our 5-year strategic plan)
- Identify and reduce variation in referrals to hospital and community services, focussing on practices whose referrals rates appear to be lower than might be expected as well as those that are higher, and agreeing remedial action with the practices where necessary
- Undertake Equality Impact Assessments of co-commissioning actions, ensuring that at least they do not unfairly impact on communities with poorer health, and seeking to ensure that the co-commissioning arrangements does improve healthcare and health for those communities
- Further develop primary and secondary prevention activities, focusing a higher penetration of prevention strategies e.g. higher prevalence of child obesity in deprived areas

One of the CCG strengths has been its integrated partnership with the Local Authority which has allowed the pooling of budgets and posts as a result of Joint Commissioning of services for people with Mental Health and Learning Disabilities. The Joint Commissioning of primary care will provide additional opportunities to focus on areas of primary care where access to or quality of primary care services to vulnerable adults and children contributes to health inequalities. For example whilst

BaNES generally benchmarks well on access to annual health checks for people with learning disabilities, we can utilise the primary care contracting to focus more strongly on outlier practices.

Mental Health commissioning is supported by a network of mental health lead GPs who assist in the development of integrated mental health pathways of care. Co-commissioning is an opportunity to further strengthen the practical implementation of this work and achieve parity of esteem for mental health patients e.g. support the “antipsychotic prescribing pathway” work to improve primary care access to injectable antipsychotics leading to improved availability, uptake and quality of health care “pick up” of patients with mental illness. It could also be impactful in the work we are doing to introduce GP led clinics alongside mental health services to work with people with medically unexplained symptoms.

C. Scope

BaNES CCG is expressing interest on the basis of a Joint Commissioning arrangement with NHSE. The CCG anticipates that Joint Commissioning will allow the pooling of resources across the CCG and NHSE. The arrangements will allow a stronger “localisation” of discretionary budgets to align the focus of these budgets to CCG priorities. With NHSE, we will develop lean commissioning intentions and arrangements for primary care aligned to the CCG’s five year plan, the development of locality arrangements and any emerging federated models of delivery which are anticipated to develop over the next five years.

The Joint Governance Arrangements which would need to be negotiated and agreed with NHSE are:

Strategic Primary Care Group– this group would meet quarterly and report to the CCG Board and to NHSE via appropriate governance arrangements. This group will set the strategic direction and will operate in a way that is consistent with the CCG’s Constitution and Standards of Business Conduct Policy to ensure all conflicts of interest are managed, openly and transparently. This group would be chaired by a Lay Member of the CCG Board and would have appropriate representation from the Health and Wellbeing Board, CCG Board, Local Medical Committee and NHSE Primary Care Team. The Terms of Reference will define core membership and quoracy. The work plans and agenda will be jointly agreed between CCG and NHSE.

Primary Care Commissioning Group – this group would meet monthly and will be an operational group which will review and allocate the on-going work programme holding both CCG and NHSE Officers to account for delivery. This group would report to the Strategic Primary Care Group and would be supported by teams from NHSE and the CCG.

In addition, the elements of the work programme which are currently duplicated across NHSE and the CCG e.g. Quality, Public Patient Involvement would be supported by existing CCG mechanisms, in agreement with NHSE. Other aspects, especially the transactional elements would continue to be provided by the existing contract with NHS Shared Business Services (SBS) and would be monitored by the Strategic Primary Care Group.

I. Which aspects of commissioning fall within scope?

The “Securing Excellence in Commissioning Primary Care: Annex 2 Tasks and Functions” document (<http://www.england.nhs.uk/wp-content/uploads/2012/06/task-func.pdf>) sets out the key primary care functions originally tasked to NHSE.

The CCG has mapped through the functions we would like to consider are in scope of our proposed Joint Commissioning Arrangements in Table 2. The CCG has undertaken some initial analysis and identified risks. Further work can be undertaken to inform the CCG’s understanding and analysis of the potential issues. The CCG in conjunction with NHSE would also want to complete some due diligence assessment on the proposed arrangements.

Table 2: Functions in scope of Joint Commissioning and associated risks

Function	Sub functions	In scope?	Comment	Risks identified
Working with patients, public & Health & Wellbeing Boards (H&WB) to assess Joint Strategic Needs and set strategic priorities Communicating with local stakeholders as required	Primary Care Strategy	YES	Co-ordinated by the quarterly strategic group Integrate primary care commissioning into the local JSNA and H&WB strategy. Links service reviews & and proposed changes with the CCG's Patient and Stakeholders engagement mechanisms	Reputation- puts CCG at centre of commissioning a service currently under high pressure
Designing & negotiating local contracts (PMS, enhanced services)	Core GMS/ PMS QoF DES / LESs	YES	This will be co-ordinated by the monthly group Welcome opportunity for a core QoF and local QoF aligned to priorities	Need to ensure administration is proportionate
Approving discretionary payments		YES	This will be co-ordinated by the monthly group	Negative impact on CCG membership engagement
Managing financial resources and reviewing budget performance		YES	This will be co-ordinated by the monthly group. Not anticipating NHSE changing budget setting.	Financial risk
Monitoring contractual performance including quality assurance: <ul style="list-style-type: none"> Negotiating quality improvement plans dispensary services quality scheme 		NO	Co-ordinated by the Area Primary Care Team. Opportunities to bring local engagement to drive change and align Quality agenda to local priorities	Negative impact on CCG membership engagement

• make referrals to NHSE performance panels as appropriate				
Applying contractual sanctions	Core GMS/ PMS QoF	NO	Co-ordinated by the Area Primary Care Team	Negative impact on CCG membership engagement
Bringing in new providers & managing procurements & deciding on practice mergers		YES	This will be co-ordinated by the quarterly strategic group	
Function	Sub functions	In scope?	Comment	Risks identified
Alignment of decisions on commissioning community pharmacy services		YES	Co-ordinated by the monthly group	
Alignment and co-ordination of Local Professional Network in BaNES including Eye Care Pathway redesign linking into NHSE		YES	This will be co-ordinated by the quarterly strategic group. The CCG is currently working on eye care pathways	
Dentistry – service reviews / needs assessments in relation to general dentistry & additional services		YES	Expect Area Primary Care Team to lead reporting to quarterly strategic group	
Maintain a list of dispensing doctors, deal with applications to dispense		NO	Expect Area Primary Care Team to lead reporting to quarterly strategic group	
Performers List and investigations around concerns about poor performance, revalidation & appraisals		NO	Medium Interest– One team leading this across NHSE is a good approach	Impact on membership engagement. Need good governance process
Workforce Planning		YES	Medium interest –Workforce is key to transforming Primary Care, strong linkage between the Joint Commissioning and Workforce	Recruitment of local professionals into Primary Care is key to successful high quality primary care. Currently GPs recruitment high risk

Estates		NO	Medium interest – opportunity to align local agenda to broader strategy about bring care closer to home	Quality of linkage with NHS Property services to align agendas
Rent reviews		NO		Negative impact on CCG membership engagement
Training & education		YES	Medium Interest - Training and education is key to transforming Primary Care, needs a strong linkage	

II. Request for capacity and resources

The CCG will need further discussion with NHSE to understand the resources available to support the Joint Commissioning arrangements. In order for co-commissioning to be successful and recognising the growth in commissioning responsibilities, it is anticipated the CCG will require some additional resources outside of its running costs allowance, particularly given our size.

Resource requirements based on the model outlined are as follows:-

- Band 7 Project Manager
- Admin support (Band 4)
- Additional GP Clinical sessions (1 session/ week to include covering attendance at Quarterly meetings, annual cluster meetings and practice visits)

The annual cost is currently estimated for this additional resource at: **£79.4k** (B7 £43.3, B4 £24.6k and £11.4k clinical sessions)

D. Nature of co-commissioning proposed – Joint commissioning arrangements

I. Overview

BaNES CCG intends through Joint Commissioning to provide complete alignment of the Primary Care Commissioning agenda to the CCG's five year plan. Joint responsibility would bring together current resources in NHSE with those in the CCG to eliminate duplication, pool resources and sharing of the work plan. BaNES CCG would wish to maximise the opportunity to put clinicians at the heart of Primary Care Commissioning.

There are some aspects of the work programme which should be absorbed into the CCG existing work programmes e.g. Quality Assurance, Public Patient Engagement, linkage with the local health community through Health and Wellbeing Board etc. Other aspects of primary care commissioning will continue to be led by NHSE relating to the contracting, payments and administration of the Primary Care. The Leadership of Primary Care Commissioning and engagement of practices would be presented to practices as a shared responsibility with the CCG and NHSE being in a "shoulder to shoulder" commissioning relationship rather a "them and us". The key benefit would be the better integration of the National Primary Care contract and the local health priorities to give locally sensitive and place based commissioning to give the best health outcome for people in BaNES.

The CCG believes that delivery of the priority work streams identified in table 1 would be enhanced as a result of the Joint Commissioning arrangements.

II. Managing Primary Care Budgets

Currently the CCG understands that the financial envelope for GP Primary Care excluding GP IT and running costs is approximately £23.1 million. This includes items which are deemed as Public Health expenditure, so would need to be

excluded. Under the current proposal, the CCG would anticipate working with NHSE to manage this budget jointly, recognising that currently the statutory responsibility still remains with NHSE. The expectation would be that the monthly operational group would have a financial role to monitor performance against budget.

III. The Future

The CCG would view this proposed Joint Commissioning Arrangement as an initial step in a developing relationship of co-commissioning between the CCG and NHSE. The CCG through the Strategic Primary Care group would keep under review the nature and outcomes of the developing co-commissioning relationship, to identify further opportunities to strengthen and develop arrangements, devolving some management to the CCG. This incremental approach for a CCG with a relatively small infrastructure would be a safe way of developing the co-commissioning agenda, whilst minimising risks to service delivery.

E. Timescales

The CCG would be keen to develop the infrastructure and processes in 14/15, with a plan to move to full shadow form during 14/15 with a fully developed work programme. The CCG would expect that the co-commissioning model would be fully operational from 1st April 15.

F. Governance

The CCG has appropriate governance arrangements in place for managing conflicts of interest. These arrangements are articulated clearly in the CCG's Constitution (Section 8: Standards of Business Conduct and Managing Conflicts of Interest).

These arrangements can be reviewed with NHSE to determine if they need to be strengthened further, or clarified to reflect the governance arrangements which will need to be satisfied for NHSE. The arrangements for every significant decision would be considered individually, as they are now, and appropriate arrangements made. Significant decisions such as: applying contractual sanctions, confirming practice mergers, discretionary payments of a certain value (as defined by our standing financial instructions) would remain the responsibility of the CCG Board and would not be delegated.

In the first year of existence, the CCG has had some experience in managing conflicts of interest related to the commissioning of services. The first involved the tendering of our new Urgent Care Centre which incorporated out of hour's services and the GP led Health Centre. The Board also made a decision regarding commissioning Primary Care to provide an Enhanced Community Service for nursing home patients. In both cases the governance process worked well. The Board was quorate and able to make decisions without the conflicted members being present or participating in the decision. The Board decision making was strengthened by the inclusion of the Medical Director from NHSE, the secondary care doctor from Wiltshire CCG and the Chair of the Health and Wellbeing Board from the Local Authority although these additional representatives were not voting members.

G. Engagement –CCG members and stakeholders

I. How has the CCG engaged its GP Members in its proposals?

There has been focused and formal engagement with some key opinion leaders: including the five GP CCG cluster leads, the CEO of our local GP provider organisation and our LMC. In addition, GP members have received a verbal briefing at a recent GP Forum in June. The expression of interest has been discussed and supported at both a CCG Operational Leadership Team meeting (May) and a CCG Board meeting (June). Responses are set out in Table 3.

II. Proposals for future engagement of GP members

The CCG are intending to have a dedicated session at GP Forum which we will jointly host with NHSE to explore in more detail GP member views on the Joint Commissioning proposals. Our expectation would be to run this session with GP members when a formal full response from NHSE is available.

III. How has the CCG engaged Local Stakeholders?

There has been key focused formal engagement with some key local stakeholders: the CEO of Community Health and Social Care provider, the CEO of our local Acute Provider, the CEO of our local Mental Health Trust, Healthwatch and the Director of People and Communities at the Local Authority. A summary of responses are set out in Table 3.

IV. Future plans of engagement of local Stakeholders

The CCG is intending to have a dedicated engagement workshop which we will jointly host with the NHSE Area to explore the Joint Commissioning proposals with local stakeholders in more detail. Our expectation would be to run this session when a formal full response from NHSE is available.

V. How has the CCG engaged patients and the public?

A “SurveyMonkey” questionnaire was sent to our 42 Public & Patient Associates. The questionnaire had a 28.6% response rate. A summary of responses are set out in Table 3. The expectation is that the CCG will use the various communication channels that are developing with this group to craft a strategy to engage patients and the public in this important initiative.

VI. How has the CCG engaged with NHSE?

The CCG has been keen to engage with both the Area Team at BGSW (BaNES, Gloucester, Swindon & Wiltshire) and the other CCGs in pulling together this expression of interest. The CCGs have been keen to work together jointly risk assessing the options and utilising the Commissioning Support Unit to inform their expressions of interest.

With the NHSE there has been:

- A meeting with the Director of Primary Care (27/5/14)
- NHSE wide CCG telephone conference call (30/5/14)
- NHSE Conference (10/6/14)
- A draft of the Co-commissioning Expression of Interest Document was shared and comments incorporated into this final document (16/6/14)

H. Monitoring and evaluation

The CCG will fully engage with any NHSE national and Area Team level evaluations for comparisons across different health communities.

In addition the CCG intends to review:

- The co-commissioning processes established
- The performance of the work programmes and the health outcomes.

With respect to the Co-commissioning processes the CCG will work with relevant Audit Committees, its internal auditors to include Primary Care on relevant work programmes and to include early review of the effectiveness of any new arrangements set up and agreed.

The Primary Care work programme would be aligned into the CCG performance assurance and management systems with regular reporting to the CCG Board against key performance measures.

The CCG will link any evaluation of Primary Care Commissioning to the broader evaluation of the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment. The CCG has had initial conversation with the Local Authority based Public Health team to explore this.

Table 3: Summary Feedback from Stakeholders

<p>Summary Key issues raised by GP members</p> <ul style="list-style-type: none"> • Co-commissioning feels like a positive step for CCGs and GPs are broadly supportive • There are some significant concerns
<p>Positives identified by GP members</p> <p><u>High Gains</u>: Better localism, freedom from higher system pressure to make decisions around pathways, care and systems; Will be able to make real change to systems</p> <p><u>Medium Gains</u>: Advance the integration agenda</p>
<p>Challenges identified by GP members</p> <p><u>High Concerns</u>: CCG capacity (Human and financial), Conflict of interest- the governance arrangements need to be robust to meet outside scrutiny, GP Practices will be sceptical</p> <p><u>Medium Concerns</u>: Will NHSE be able to step back?, CCG engagement with members practices, will localism affect the National GP contract and lead to a non-universal service, puts GPs centre stage when the system is feeling precarious</p>
<p>Summary Key issues raised by Local Stakeholders</p> <p><u>LMC, Community Provider, Healthwatch, Local Authority & Acute Provider</u></p> <ul style="list-style-type: none"> • Support CCGs Interest for Joint Commissioning and alignment of strategy and resources • Concern about CCG Capacity
<p>Positives identified by Local Stakeholders</p> <p><u>LMC</u>: Integrate commissioning of services from CCGs, NHS E and Social Care, people making decisions who understand local issues</p> <p><u>Community Provider</u>: Potential conflict of interest manageable –providing: good governance, a willingness to be transparent and a clear role for external scrutiny</p> <p><u>Healthwatch</u>: Welcome opportunity to share patient stories about their primary health services</p>
<p>Challenges identified by Local Stakeholders</p> <p><u>LMC</u>: More organisation change –will not be helpful, capacity of CCG not appropriate, conflicts of interest, need to be out of scope: performance procedures for individual practitioners and practices</p> <p><u>Community Provider</u>: Capacity within CCG to undertake the work</p> <p><u>Acute Provider</u>: Capacity within CCG to undertake the work</p>
<p>Summary Key issues raised by Patients & Public</p> <p>58% in favour, 17% against, 25% do not know</p> <ul style="list-style-type: none"> • Some real advantages as a logical next step and helping the integration of services • Recognition that GPs are in touch with patients and local communities • There are some significant concerns related to managing conflicts of interest • There is a request for more information is required to make an informed view
<p>Positives identified by Patients & Public</p>

Service tailored to local needs, and accountable to local demands, better integrated services, better utilisation of primary care premises

Challenges identified by Patients & Public

Some individuals will dominate, divisive for CCG, management of conflicts of interest, worry about postcode health service