

Primary Care Co-commissioning in Southwark

Health and Wellbeing Board

4 October 2016

Enhancing primary care co-commissioning responsibilities

Purpose

To engage and seek the views of the Health and Wellbeing Board upon the opportunity to enhance the CCG's level of responsibility for the commissioning of local general practice services

An enhanced responsibility for shaping local services

Since April 2015 the CCG has held a joint commissioning role (referred to as Level Two co-commissioning) for general practices services with NHS England. Prior to this the commissioning and contracting of these services was the sole responsibility of NHS England. Over the coming months we have the opportunity to apply for an enhanced role for commissioning of this area by taking 'Full Delegated' responsibility for commissioning.

If we successfully applied the CCG would receive sole responsibility for decision making and budgets for general practice services through delegated powers from NHS England – this is referred to as Level Three co-commissioning. NHS England would retain the statutory accountability for the delivery of these functions

Engagement to support a Governing Body decision

We are undertaking engagement activities in parallel with residents, our partners and our member practices to inform a decision of the CCG Governing Body upon making an application in November 2016 and then accepting responsibility, if successful, from April 2017.

Our history and levels of co-commissioning

In October 2014 the NHS in England published the Five Year Forward View and made clear that co-commissioning would exist in some form across all parts of England from 1 April 2015 - with the local form of co-commissioning being for local CCG determination.

Our engagement process with members, stakeholders (including the Health and Wellbeing Board) and residents started in summer 2014 and ultimately resulted in a decision of the Governing Body to apply for Level Two – Joint Commissioning from 1 April 2015. That application was made alongside the five other CCGs in south east London and the six CCGs have held the same level of responsibility, enacted with mirrored arrangements since then with NHS England (London Region).

Currently co-commissioning arrangements can exist at three levels (where statutory responsibility remains with NHS England at all levels):

1. **Influence** - greater CCG involvement in influencing commissioning decisions made by NHS England
2. **Joint commissioning** - whereby CCGs and NHS England make decisions together under a common operating model and governance arrangement – Joint Committee
3. **Delegated commissioning** – CCGs carry out defined functions on behalf of NHS England and are held to account for doing so

Moving to Delegated responsibility – Level Three

It is important that we ensure the CCG has the optimal level of decision making power over local commissioning decisions to secure the best outcomes for our residents. In enhancing our level of co-commissioning (from Level Two to Level Three) the CCG's delegated responsibilities would include:

- Contract management
- Budget management
- Complaints management
- Design of local incentive schemes (with potential for alternatives to QoF and DESs)
- Delegated commissioning arrangements will exclude any individual GP performance management. NHS England will also be responsible for the administration of payments and list management
- Legally NHS England will retain the residual liability for the performance of primary medical care commissioning and will therefore require robust assurances that its statutory functions are being discharged effectively by the CCG

A comparison of the levels of responsibility is provided on the [next slide](#).

Responsibilities at each level

Current Position

Potential Position

Primary Care Function	Greater Involvement	Current Position	Potential Position
		Joint Commissioning	Delegated Commissioning
General Practice Commissioning	Potential for involvement but no decision making role	Jointly with NHSE	Yes
Pharmacy, eye health and dental commissioning	Potential for involvement but no decision making role	Potential for involvement but no decision making role	Potential for involvement but no decision making role
Design and implementation of local incentive schemes	No	Subject to joint agreement with NHSE	Yes
General Practice Budget Management	No	Jointly with NHSE	Yes
Complaints management	No	Jointly with NHSE	Yes
Contractual GP practice performance management	Opportunity for involvement in performance management discussions	Jointly with NHSE	Yes
Medical performers' list, appraisal, revalidation	No	No	No

The of benefits of co-commissioning outlined in 2014/15

The overall aim of primary care co-commissioning is to harness the energy of CCGs to create a joined up, clinically-led commissioning system that delivers seamless, integrated out-of-hospital services based around the needs of local populations.

Co-commissioning could potentially lead to a range of benefits:

- Improved provision of out-of hospital services for the benefit of patients and local populations;
- A more integrated healthcare system that is affordable, high quality and which better meets local needs;
- More optimal and locally responsive decisions to be made about how primary care resources are deployed;
- Greater consistency between outcome measures and incentives used in primary care services and wider out-of-hospital services; and
- A more collaborative approach to designing local solutions for workforce, premises and IM&T challenges.

Importantly it represented a step towards '**place-based commissioning**'

But many things have changed?

Whilst the fundamental principles of co-commissioning remain the policy and operating environment has changed:

- The National Five Year Forward View (FYFV) has moved ‘in to action’ – with placed based budget allocations (for all care settings together) from this year, new models of care contract frameworks and placed based strategic planning – Sustainability and Transformation Plans
- The CCG developed and agreed with the Local Authority our own FYFV with a focus upon place-based commissioning – we have set a clear direction of travel for commissioning (for populations over institutions or types of provision) and have continued to support provider development
- The GP Forward View (GPFV) has outlined a ‘new deal’ for general practice with significant resources attached
- We have 18 months of level two commissioning experience, sight of future primary care allocations and the learning of others to draw upon
- And importantly the high pressure on general practice providers has continued to grow across the country and certainly in our borough

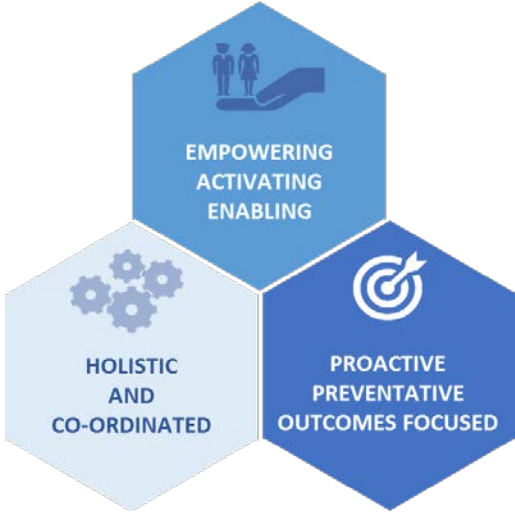
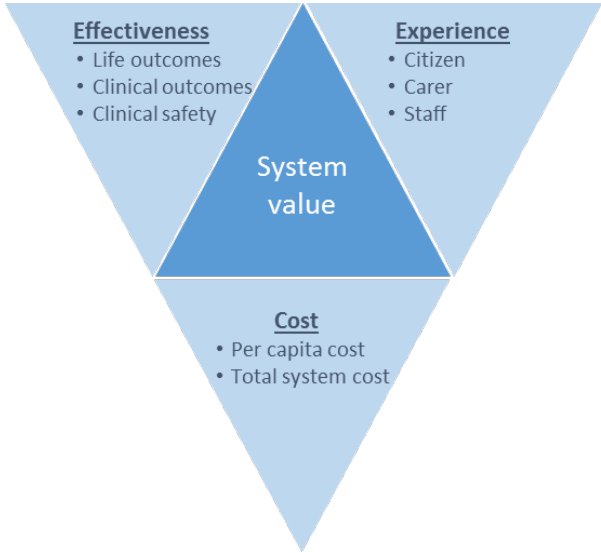
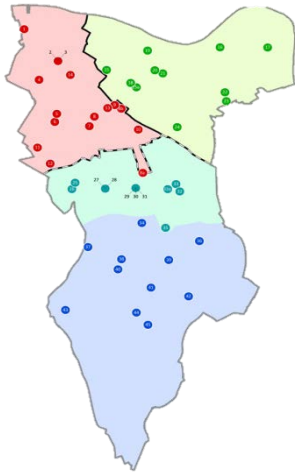
Will enhanced responsibility help us delivery our FYFV (1)

We are changing the way we work and the ways that we commission services so that we:

Emphasize populations rather than providers

Focus on total system value rather than individual contract prices

Focus on the 'how' as well as the 'what'



Arranging networks of services around geographically coherent local communities

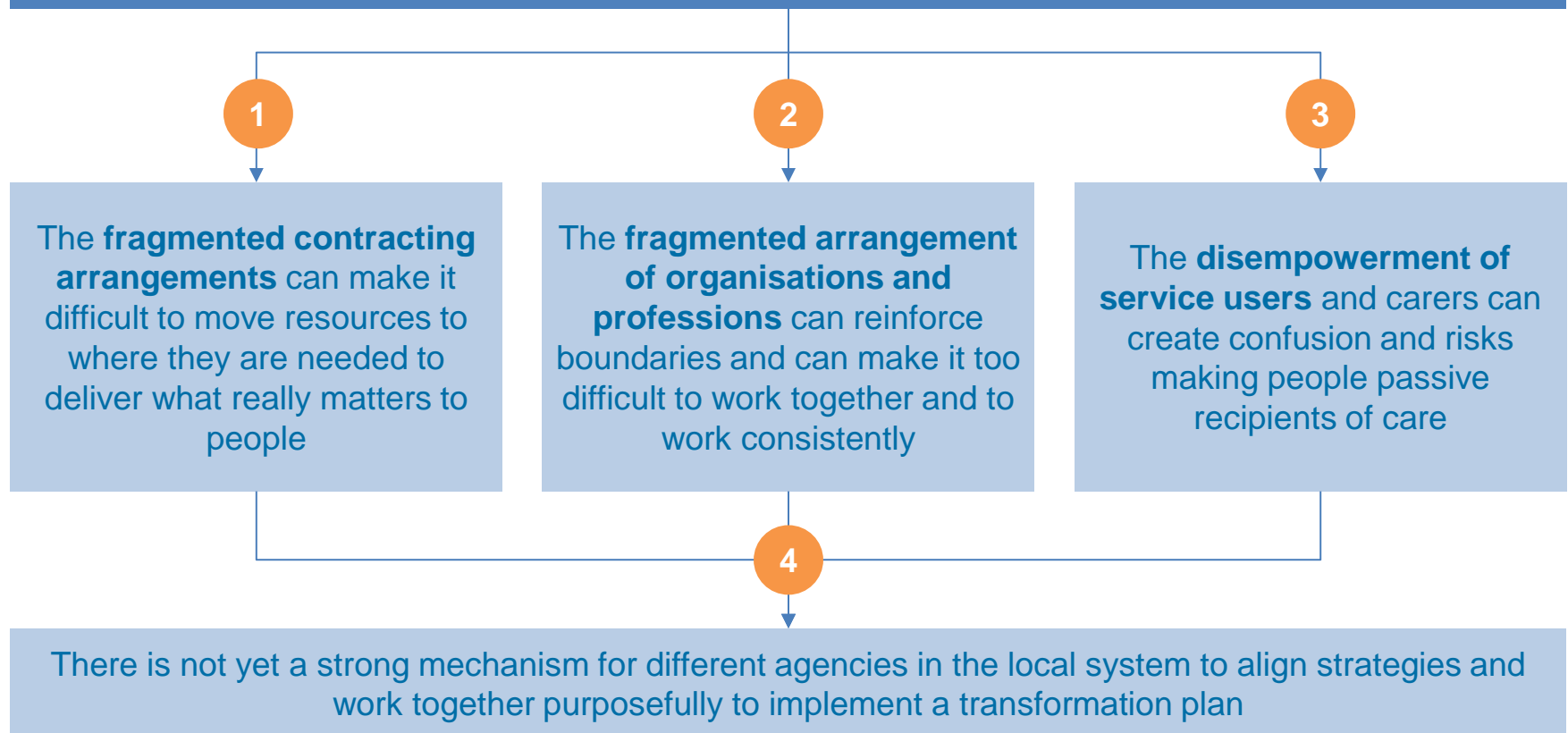
Moving away from lots of separate contracts and towards population-based contracts that maximize quality outcomes (effectiveness and experience) for the available resources

Focusing on commissioning services that are characterized by these attributes of care, taking into account people's hierarchy of needs

Will enhanced responsibility help us delivery our FYFV (2)

To fulfil our strategy we must address fragmentation in provision and contracting, and reverse the disempowerment of service users

In order to maximize the value of health and care for Southwark people, whilst ensuring commissioned services exhibit positive attributes of care, we will need to address four root causes of complexity within the current system



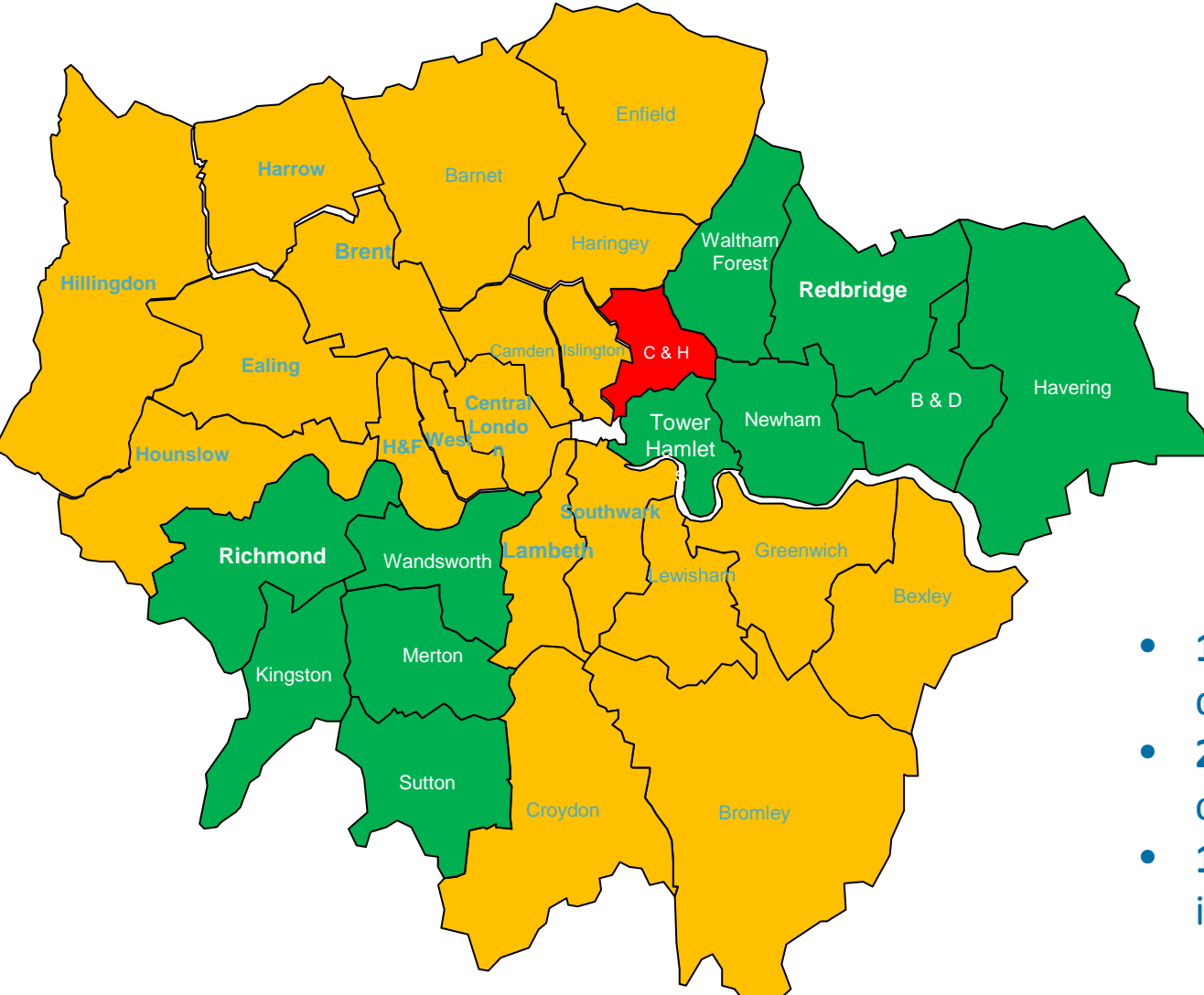
We believe there are significant benefits to full delegation

- Allows greater control over local decisions affecting primary care informed by local knowledge of services, practices and challenges
- Enables clinically led, optimal solutions based on local patient needs
- Supports and enables population focused commissioning for outcomes
- Affords CCGs greater opportunity to shift investment from acute to primary and community services
- Enables the on-going development of seamless integrated out-of-hospital services
- Offers an opportunity to design local incentive schemes as an alternative to QOF or DESs
- Enables whole pathway commissioning and service design
- 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
- Ensures that budget allocations for the borough are always retained in the borough
- Is aligned to the level of co-commissioning proposed by our neighbouring CCGs as partners

But equally there are risks, including:

- **Capacity and workforce** – the CCG would need to assure itself that it had the skills, expertise and human resource to undertake additional responsibilities
- **Real and perceived conflicts of interest** – the CCG has robust procedures for managing conflict of interest but would need to ensure they remain fit for purpose under enhanced arrangements with greater decision making and budgetary control
- **Financial pressure on budgets** – financial constraint is felt across all public sector budgets and primary care is no different – with budgetary responsibility comes additional risk

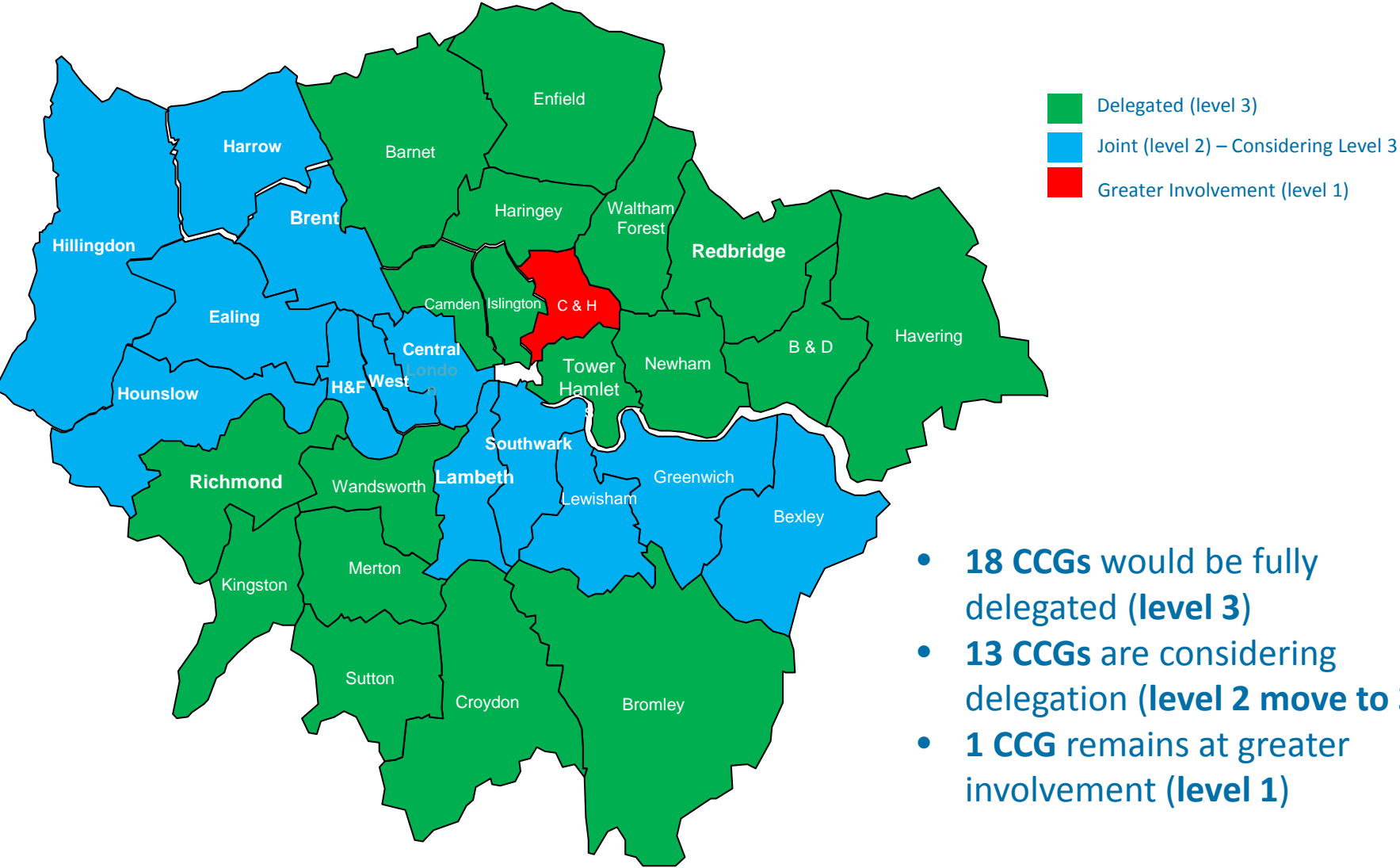
What are others doing - current state in London



- Delegated (level 3)
- Joint (level 2)
- Greater Involvement (level 1)

- **11 CCGs** are fully delegated (**level 3**)
- **20 CCGs** are doing joint commissioning (**level 2**)
- **1 CCG** is at greater involvement (**level 1**)

Potential state of co-commissioning in London



- **18 CCGs** would be fully delegated (**level 3**)
- **13 CCGs** are considering delegation (**level 2 move to 3**)
- **1 CCG** remains at greater involvement (**level 1**)

Questions and Answers