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Dear Simon

Primary Care Co-commissioning

Local authorities in London have noted with interest your plans to develop new models for co-commissioning primary care. We strongly support the strengthening of local perspective in the commissioning of these key services. The high level of expressions of interest from London CCGs illustrates the strong appetite in the capital for this.

Although the process so far has not involved local authorities, we are keen to become actively involved in shaping solutions that help to address the health and wellbeing of our communities.

Primary care is a critical component of boroughs' ambitions for integrated health and care services – and there are exciting examples of strengthening relationships and links between GPs and other parts of primary care with boroughs and CCGs as solutions are being developed and implemented. It is also clear that decisions made in primary care services have knock-on implications for local authority services, including children and adult's social care and public health services like sexual health for which we now have commissioning responsibilities. Beyond this, we are very conscious, as community leaders, that one of the most significant health issues for our citizens is their ability to access high quality GP and related services in a way that suits their needs.

London faces significant challenges in ensuring the delivery of high quality, accessible and needs based primary care services for a diverse, mobile and complex population. The strength of our primary care infrastructure is challenged by significant numbers of GPs who are due to retire in the next 5 to 10 years, a larger number of single handed GPs than elsewhere and a practice nurse shortage.

Through our good relationships with NHS England London Region, we are already feeding into the London primary care transformation programme. The commissioning of primary care is clearly one important lever for bringing about a transformation of primary care in the capital and we believe local government has a positive role to play in the further development of your plans.

Our starting thoughts on key issues and opportunities include:

 primary care commissioning should be closely linked into the other plans for health and care commissioning in an area. This means that the most appropriate geographical basis for commissioning primary care in London is the individual CCG level:

- individual areas should be able to develop approaches that best fit their needs. The approach you have taken so far to invite locally-shaped solutions is one we strongly support;
- for local solutions to be really strong and able to secure widespread local
 engagement and support, they must be shaped by local authorities as well as CCGs.
 Therefore, as a minimum, we believe a condition for the approval of arrangements for
 co-commissioning should be the approval of the proposed approach by the relevant
 Health & Wellbeing Board;
- the need to avoid conflicts of interests in CCGs taking on co-commissioning responsibilities for primary care is widely recognised, and we believe that boroughs and/or Health & Wellbeing Boards could play a key role in overcoming this risk;
- given the close linkages between primary and social care, and between public health services that boroughs commission (eg sexual health, substance misuse, etc) and primary care, we would like the opportunity for boroughs to explore with their CCGs ways in which they might be partners in primary care co-commissioning; and
- primary care has a very important role to play in prevention and supporting wider wellbeing, so consideration is needed to how the duty of local authorities to provide public health advice to CCGs to support their commissioning can support cocommissioning of primary care as well.

I understand that approvals in principle for CCG schemes where budgets will be delegated will be given by the CCG Assurance and Development Committee meeting on 12 October 2014. I hope that the next steps in the development and agreement of proposals reflect much greater involvement of and engagement with local government.

I understand that one of our London borough Chief Executives, Ged Curran from LB Merton, has agreed to join an NHS England Working Group being set up to steer this, which is very welcome. In addition, local government and London Councils officers will be happy to engage with NHS England London Region colleagues and London CCGs to shape the way the programme is taken forward in the capital.

Yours sincerely

Mayor Jules Pipe Chair

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cc Cllr Teresa O'Neill, LB Bexley, London Councils Health Portfolio Holder Cllr Mrs Izzi Seccombe, Chair, LGA Community Wellbeing Board Dr Anne Rainsbury, London Region Director, NHS England Dr Howard Freeman, Chair, London Clinical Commissioning Council Carolyn Downs, Chief Executive, LGA