

Proposed next steps towards primary care co-commissioning: an overview

Dr Amanda Doyle, Ian Dodge,
Ivan Ellul and Julia Simon

September 2014
Gateway Ref: 02299



Background and context

- In May 2014, Simon Stevens invited CCGs to come forward to take on an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally.
- There has been enormous enthusiasm and energy from CCGs across the country to adopt a greater role in primary care co-commissioning. We want to harness this energy along with the frustrations CCGs have expressed in the current primary care commissioning arrangements, to more effectively shape local services.
- A joint CCG and NHS England group—the primary care co-commissioning programme oversight group—has been set up to work in partnership to design and agree with CCG leaders the practical next steps towards co-commissioning. This group is co-chaired by Dr Amanda Doyle (Chief Clinical Officer, NHS Blackpool CCG) and Ian Dodge (National Director: Commissioning Strategy, NHS England). Membership of this group is set out in annex A.



Aims of co-commissioning

- The overall aim of primary care co-commissioning is to harness the energy of CCGs to create a joined up, clinically-led commissioning system which delivers seamless, integrated out-of-hospital services based around the needs of local populations.
- From CCGs' early expressions of interest, we have gleaned some of the possible benefits of co-commissioning:
 - 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 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.
- Co-commissioning is the beginning of a longer journey towards place-based commissioning.



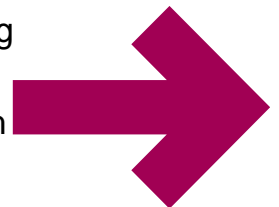
CCG expressions of interest

- There has been a tremendous response from CCGs to the invitation for expressions of interest in primary care co-commissioning. Seeing the range of expressions of interest submitted has allowed us to further understand the level of aspiration and ambition across the country. However, we have also learned that not all CCGs agree with how their expressions of interest were categorised during the initial analysis. Therefore we are proposing that all CCGs get a fresh opportunity to decide upon their preferred approach to primary care commissioning.
- Furthermore, many CCGs have requested more information on the choices open to them, including greater clarity on the different co-commissioning models, their scope and parameters.
- On that basis, the joint CCG and NHS England primary care co-commissioning programme oversight group is developing a '**Next steps towards primary care co-commissioning**' document. The **Next Steps** document aims to provide the clarity and transparency around co-commissioning options that CCGs have called for.



Next steps towards primary care co-commissioning document

- The design principles of the **Next Steps** document are :
 - We will strive to maximise the energy and enthusiasm of CCGs;
 - We will provide more information on the choices and options around co-commissioning;
 - We will ensure transparency about the different co-commissioning models and what they entail;
 - We will work in partnership with CCG leaders and key stakeholders;
 - We will make it as easy and simple as possible for CCGs to take on this role;
 - We will ensure the approvals process is straightforward.
- The aspiration of the **Next Steps** document is to :
 - Provide practical solutions to the key issues and challenges of co-commissioning;
 - Set out a legally robust model for joint governance arrangements;
 - Set out a co-designed, standardised, solid model for delegated arrangements;
 - Provide clear, strong and transparent principles for effectively dealing with perceived and real conflicts of interest, co-designed with NHS Clinical Commissioners, the GPC and RCGP;
 - Clarify how CCGs can access administrative resources associated with joint and delegated arrangements;
 - Confirm financial arrangements including running costs;
 - Clarify the timeline and simple approvals process for implementing co-commissioning arrangements; and
 - Give CCGs an opportunity to choose afresh what co-commissioning model they wish to assume through a simple application pro forma.



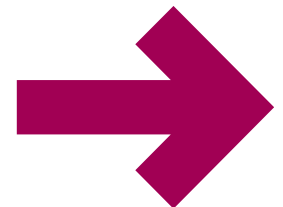
Scope of co-commissioning

- For this year, the scope of primary care co-commissioning is general practice services. The commissioning of dental, community pharmacy and eye health services is more complex than general practice with a different legal framework. As such, our emerging thinking is that it is out of scope for joint and delegated commissioning arrangements in 2015/16. However, we recognise the ambition in some CCGs to take on a greater level of responsibility in these areas and we will be looking into this for future years with full and proper engagement of the relevant professional groups.
- Through the analysis of expressions of interest, it has become apparent that there are three main forms of co-commissioning CCGs would like to take forward:



Model 1: Greater involvement

- CCGs collaborate closely with their area teams around primary care commissioning decisions, particularly with regard to CCGs' duty to improve the quality of primary care.
- No new governance arrangements would be required for this model and the approach to closer working could be agreed between the CCG and its area team at any time.
- There is no formal approvals process for any CCG who wishes to have greater involvement in primary care decision making. Many CCGs are already working closely with their area teams to influence and shape primary care decision making.



Model 2: Joint commissioning

- CCGs could choose to assume joint commissioning responsibilities with their area team.
- A Legislative Reform Order (LRO) has been passed through parliament to enable CCGs to create joint committees with each other and with NHS England from 1 October 2014.
- The formation of a joint committee would require CCGs to amend their constitutions. A suggested model constitutional amendment will be published once the LRO comes into force.
- Joint commissioning proposals can be agreed by regional offices, if they are assured that arrangements comply with the governance framework, for instance through the creation of a joint committee or “committee in common”. The governance framework is being developed in collaboration with CCGs and key stakeholders, and will include model terms of reference and scheme of delegation. Where a joint commissioning arrangement involves a pooled budget, the arrangement would also need to comply with financial instructions.



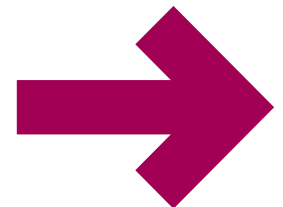
Model 3: Delegated arrangements

- Delegated commissioning offers an opportunity for CCGs to assume full responsibility for commissioning primary care services (for 2015/16 the scope will be general practice services).
- However, for legal reasons, the liability for primary care commissioning remains with NHS England. Therefore NHS England will require assurance that its statutory duties are being discharged effectively.
- The approvals process will be a straightforward one in which regional offices will review how CCGs propose to handle and mitigate conflicts of interest. The proposed new NHS England Commissioning Committee will provide final sign off for delegated proposals.
- CCGs are of course already handling conflicts of interests as part of their day to day work. However, it is likely that co-commissioning will lead to an increased number of conflicts of interest for CCG governing bodies and GPs in commissioning roles. It will be critical that CCGs can give sufficient confidence to the public, patients, providers, Parliament and NHS England that conflicts of interest, real and perceived, are being managed effectively through the appropriate safeguards. Work is underway in partnership with the BMA and RCGP to clarify the expectations for managing conflicts of interest.
- Once delegated arrangements have been established, their overall effectiveness will be monitored as part of the CCG assurance process.



Scope of delegated arrangements

- We have seen great variation in the range of primary care commissioning functions that CCGs propose to assume. Our emerging thinking is that a standardised model of delegation would make most sense for practical reasons— but this question is still open and will be amongst those discussed at the commissioning assembly event on 30/09.
- We think the following functions are most suitable for full delegation:
 - GMS and PMS Contracts
 - Enhanced Services (GP and Pharmacy, “LES and DES”);
 - Property Costs; and
 - QOF (for full delegation only).
- We have not detected an appetite in CCGs to take on revalidation and performer’s lists, and many CCGs also believe that individual and practice performance management aspects of contract management should not be open for delegation. Based on this feedback, our emerging thinking is to exclude these functions from being delegated. However, the question is open for discussion and debate.



Sign-off and approvals

- The approvals process for co-commissioning arrangements will be as simple and straightforward as possible. The process will be governed by the following principles:
 - it will be conducted openly and transparently and contain no surprises;
 - it will minimise the administrative demands placed on CCGs and area teams;
 - on-going assurance of co-commissioning arrangements will form part of the CCG assurance process.
- Unless a CCG has serious governance issues or is in a state akin to “special measures,” NHS England will support CCGs to move towards implementing co-commissioning arrangements.



Implementation timetable

Co-commissioning form	Nov 2014	Dec 2014	January 2015	February 2015	March 2015	April 2015
Greater involvement	Take forward arrangements locally					
Joint commissioning	CCGs work with their membership and area team to consider and agree the preferred co-commissioning arrangement for 2015/16.		30 Jan: CCGs are invited to submit proposals to their regional office. <i>Please note that constitution amendments which relate solely to joint commissioning arrangements will also be accepted at this point.</i>	NHS England works with CCGs to review and approve their submissions.	Local Implementation by CCGs with their area team	1 April: Arrangements implemented and go-live
Delegated commissioning			5 Jan: CCGs are invited to submit proposals to england.co-commissioning@nhs.net During January, NHS England will work with CCGs to ensure that proposals are ready for sign off. <i>Please note that constitution amendments which relate solely to delegated commissioning arrangements will also be accepted at this point.</i>	16 Feb: Proposals are signed off by an NHS England Committee (likely to be the proposed new Commissioning Committee)	Local Implementation by CCGs and their area team	

Arrangements for 2015/16

- It is possible that over time CCGs may wish to change the form of co-commissioning they have adopted. All CCGs will be able to do so throughout 2015/16 and beyond, for example:
 - CCGs who have no co-commissioning arrangements in place, could opt to assume a form of co-commissioning (*greater involvement, joint or delegated arrangements*); or
 - CCGs who have either greater involvement or joint commissioning arrangements in place, could request to progress to either a joint or delegated co-commissioning arrangement.
- It is important that any CCG requests to change their co-commissioning model are in line with “business as usual.” CCGs are advised to discuss their plans with their relevant NHS England team and new proposals are expected to be discussed and planned as part of the CCG assurance framework.
- Proposals for delegated commissioning arrangements need to be submitted to NHS England by 1 June 2015 for implementation on 1 April 2016. This is because delegated budgets will form part of CCG allocations from 2016/17 and the timescale for approval has to fit with the allocations process.



Next steps

- We would welcome feedback from CCGs, area teams, regional offices and other stakeholders on the proposed next steps towards primary care co-commissioning set out in this presentation. Please email your comments and feedback to: england.co-commissioning@nhs.net by **midday on Friday 10 October**.
- NHS England will also be hosting two webinars to give commissioners a further opportunity to share their views. Webinars have been scheduled on:
 - Monday, 6 October - 2-3pm
 - Thursday 9 October – 2-3pm
- If you wish to join either of these webinars, please email england.co-commissioning@nhs.net

Annex A: Primary care co-commissioning programme oversight group membership

Membership of the Primary Care Co-commissioning Programme Oversight Group		
Co-chairs	Dr Amanda Doyle	NHS Blackpool CCG
	Ian Dodge	National Director: Commissioning Strategy, NHS England
CCG members	Dr Mary Backhouse	NHS North Somerset CCG
	Dr Tim Cotton	NHS West Hampshire CCG
	Dr Sam Everington	NHS Tower Hamlets CCG
	Dr Graham Jackson	NHS Aylesbury Vale CCG
	Alan Kennedy (lay member)	NHS Crawley CCG
	Dr Andrew Withers	NHS Bradford Districts CCG
	Richard Barker	North Region
Regional and area team members	Dr Raj Patel	Greater Manchester AT
	Paul Roche	London Region
	Wendy Saviour	Birmingham, Solihull and the Black Country AT
	Matthew Tait	Thames Valley AT
	Dame Barbara Hakin	Chief Operating Officer
NHS England central support team members	Rosamond Roughton	Director of Commissioning Policy and Primary Care
	Ivan Ellul	Director of Partnerships
	Dr Julia Simon	Programme Director
	Keziah Halliday	Head of Planning and Assurance
	Sam Higginson	Director of Strategic Finance
	Dr Robert Varnam	Head of Practice Development