

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 2 July 2015

Subject: **INFORMATION REPORT** - Update on NHS Primary Care Co-Commissioning

Responsible Officer: Rob Larkman, Accountable Officer, Brent, Harrow and Hillingdon CCGs

Public: Yes

Wards affected: All.

Enclosures: None

Section 1 – Summary and Recommendations

This report is issued for information only following request to present details of the developing local NHS Primary Care Co-Commissioning arrangements between NHS Harrow CCG and NHS England.

Co-commissioning for primary care refers to the increased role of CCGs in the commissioning, procurement, management and monitoring of primary medical services contracts, alongside a continued role for NHS England. In 2015/16, the scope for primary care is general practice services only. CCGs have the opportunity to discuss dental, eye health and community pharmacy commissioning with their area team and local professional networks, but have no decision making role.

The report overviews the current details within the joint discussions regarding Primary Care Co Commissioning.

Section 2 – Report

Responsibility remaining with NHSE

At all levels of co-commissioning, NHS England will retain a role in supporting delivery of commissioning and contracting functions. Also the following responsibilities will remain with NHS England and will not be included in joint or delegated committees:

- Continuing to set nationally standing rules to ensure consistency and delivery goals outlined in the Mandate set by government
- The terms of GMS contracts and any nationally determined elements of PMS and APMS contracts will continue to be set out in the respective regulations/ directions
- Functions relating to individual GP performance management (medical performers' lists for GPs, appraisal and revalidation)
- Administration of payments to GPs
- Patient list management will remain with NHS England
- Capital expenditure functions

Functions which will now be decided in the joint committee (formerly by NHSE)

The below table shows the discussions the joint committee plan to hold:

	Name	Function	Estimated volume of activity across London (12 months)	Committee decisions needed (section 2.6)	Decision possible with approved policy (c 2.8)	Need for urgent decisions (c 2.7)	Does a national/London SOP/policy/report exist? (If "yes", attached in annex)
Process 1	Determination of key decisions or requests	List Closure	20				Yes
		Practice mergers/ moves	100				Yes
		Boundary Changes	20				SOP practice to apply and general DMG paper derived from this
		Securing services through APMS contracts	40				Yes – options appraisal doc
		PMS (reviews etc)	Ongoing				In process
		Discretionary Payments	600				Process as per SOP. Appeal/ complaint paper below.
		Remedial and breach notices	(Actual)				Yes (Contractual issues of concern)
		Contract termination-e.g Death/ Bankruptcy/ CQC	(Actual)				Yes, for bankruptcy, and options paper
		Contractual changes (contentious/ important)	100				
		Contractual changes (transactional)	650				Yes (Contractual transactional changes)
Process 2	Financial Processes	Ensuring budget sustainability	Ongoing				Expected w/c 4/5
		Management Accounting	Ongoing				As above
Process 3	Strategy & Policy	Securing quality improvement	Ongoing				Request to issue breach over quality attached
		Developing and agreeing outcome framework e.g. LIS	70				Yes (for LIS schemes)
		Securing consistent popn based provision of advanced and enhanced services	50				As above
		Premises plans, including discretionary funding requests	200				Yes, example PID attached

Governance and Membership

While much of the decision-making processes will be determined by Committee / Joint Committees, the constitution of the committees themes have been set by NHS England, as a condition of co-commissioning. The following is the criteria for level 2 Joint Commissioning Committee:

- The committee includes representatives of both CCG and NHS England members and both bodies have equal voting representation
- The Chair and Vice Chair of the Committee are CCG Lay Members
- There is a secretary, responsible for minutes, actions, the agenda and reporting back Committee decisions to NHS England and CCGs.
- There will also be publicity available on CCG websites

In the interests of transparency and the mitigation of conflicts of interest, a local HealthWatch representative and a local authority representative from the local Health and Wellbeing Board will have the right to join the Committee as non-voting attendees. This will help support alignment in decision making across the local health and social care system.

Notes from the July Primary Care Co-commissioning Joint Committee

The first meeting of the North West London (NWL) primary care co-commissioning joint committees took place as a private seminar on 21 May 2015. It included participants from across the eight CCGs and NHS England, alongside representatives from HealthWatch and Londonwide LMC.

All eight CCGs are currently engaging their Health and Wellbeing Boards on how they wish to be involved in co-commissioning and it is anticipated that many will be represented at future meetings.

Dr Amol Kelshiker, chair of Harrow CCG and clinical co-lead for co-commissioning in NWL, chaired the meeting ahead of the appointment of a permanent lay chair. He opened the session by reminding members that the scope of the committees' work has the potential to drive forward radical change in local primary care, in terms both of service improvement and support of other transformational work. He also set out the committees' approach to declarations of interests.

Dr Ruth O'Hare, who is Dr Amol Kelshiker's clinical co-lead, then gave a presentation on the local context and purpose of primary care co-commissioning in NWL. This set out for committee members why the CCGs have pursued co-commissioning and what patient benefits should be anticipated.

The committees also discussed a series of proposed revisions to their terms of reference, designed to reflect updated national guidance and conversations across the CCGs that have taken place since the original version was agreed in March 2015.

Finally, NHS England presented its plans for implementing the national review of PMS contracts in North West London, including patient benefits, engagement, timelines, and proposed next steps.

Financial Implications/Comments

There are no negative financial implications for commissioning organisations (Harrow CCG and London Borough of Harrow).

Legal Implications/Comments

None specified

Risk Management Implications

Primary Care Co-Commissioning between NHS England and Harrow CCG supports future shape change and service improvements within primary care services

Equalities implications

Harrow is committed to improving care for all residents and service users across all commissioned services. This plan will support improvements primary care services and alignment to wider service pathways.

Corporate Priorities

Primary Care Co-Commissioning will support the national domains of the NHS Operating Plan.

Ward Councillors notified:

NO

Section 4 - Contact Details and Background Papers

Contact:

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Background Papers: None.