

Primary Care Co-Commissioning Update for Governing Body 08 March 2016
December 2015 – February 2016

1. Purpose

This paper provides a summary of the progress of primary care co-commissioning in H & F and outlines the topics that have been discussed in the four meetings held in the period December 2015 – February 2016. It also includes details of the actions taken by the delegated non-conflicted committee 09 February 2016 in respect of the Personal Medical Services (PMS) review.

2. Background

In May 2015 Hammersmith and London CCG entered into primary care joint co-commissioning arrangements with NHS England. This means that our local CCG has greater influence on the commissioning of General Practices in Hammersmith & Fulham. Core areas of focus over the last quarter have been establishing the new co-commissioning governance arrangements and the primary medical services review. The meeting has a private and public section: papers for the public section are posted on the H & F CCG website and questions are invited from the public.

3. Governance

The committee wanted to understand from its inception both its accountability to respective organisations (NHSE and the CCG) and relationship with the joint co-commissioning meeting in common. The governance team therefore provided a proposed clarification addendum to the Terms of Reference (ToR) which will be reviewed alongside the forthcoming ToR review. This clarifies that decisions taken are those that have been delegated to the committee by NHS England and that Governing Body members of the committee have the mandate to take those decisions jointly with NHS England. Such decisions will be reported back to the Governing Body through the minutes of the meeting or, when appropriate, as a formal item on the Governing Body agenda. In the majority of cases discussions in the local committees are likely to focus on the more operational elements of local primary care services. Strategic discussions and decisions are more likely to be taken at meetings of the committees in common.

4. Personal medical services review

a. Co-commissioning committee

A NWL Steering Group has been in operation since Autumn 2015, meeting fortnightly to discuss the process, timescales and specifics of the London 'offer'. The co-commissioning committee has received updates at its meetings and reviewed the proposed communications and engagement plan: it was agreed at the February co commissioning meeting that an engagement approach would be agreed with Healthwatch and the Health and Wellbeing Board.

b. Non-conflicted Governing Body sub-committee: PMS review outcomes

It was agreed at the Governing Body of 12 January 2016 to delegate decision-making on the PMS review and investment implications to a non-conflicted committee, which met 09 February 2016 and took the following actions:

- **Noted** the detail of the 'London Offer'
- **Noted** the NWL agreed approach for offering PMS practices transitional funding support
- **Noted and approved the transitional funding for H&F's one PMS Practice**
- **Noted and approved the phasing of the mandatory KPIs for practices and required investment**, subject to budget identification
- **Noted** the risks and mitigations that have been identified
- **Noted next steps** to be undertaken jointly with NHS England

The cost of offering the mandatory KPIs to all practices and transitional funding support to the PMS practice exceeds the quantum of the existing PMS premium - the table below shows the net cost per annum. The cost is based on 100% achievement of the Key Performance Indicator thresholds and therefore represents the maximum payable.

	2016/17	2017/18	2018/19	2019/20	2020/21 onwards
Net cost of mandatory KPIs offer to all practices: a negative value indicates a cost pressure	-£153,751	-£204,033	-£189,646	-£175,260	-£96,205

There has subsequently been a review of the PMS review commissioning intentions across CWHHE and it has emerged that the H & F approach to phasing of the mandatory KPIs is not consistent with the other CWHHE CCGs. The committee will therefore re-convene to consider an alternative phasing of mandatory KPIs in the CCG's PMS practice to align to the phasing in General Medical Services (GMS) practices i.e. over a proposed four year period. The full outcomes of the original and re-convened meeting and revised investment requirement will be reported to the next Governing Body, by which time the commissioning intentions will have been reviewed by NHSE. It should be noted that any revised investment requirement will remain within the cost envelope shown above.

5. The 'vulnerable practice' scheme

This is a national scheme being run by NHSE, which identifies practices who may require additional support. The committee has discussed the process undertaken to date, as outlined below.

The identification of vulnerable practices has been based on the following criteria:

- Practices rated as 'inadequate' or 'requires improvement' by the Care Quality Commission (CQC)

- Practices assessed as in need of support based on local (i.e. CCG) intelligence and the following criteria: Safety, Workforce, Efficiency, Patient Experience, Organisational Issues & External Perspective

The process has included risk assessment of practices based on likelihood and impact of the identified practices falling into difficulty. In order to qualify for the scheme practices must contribute matched funding on 50:50 basis as a measure of their commitment to improvement: the funding is to support sustainable models of care. The committee raised concern about the use of the term 'vulnerable' and requested that a clear communications and engagement plan be formulated for patients and practices.

6. Alternative Provider Medical Services (APMS) procurements

APMS procurements are managed by NHSE, but CCGs were given an option of having an 'enhanced' level of involvement. The committee agreed that the CCG would progress with enhanced involvement, to ensure that local circumstances are reflected in procurement processes and contracts. There is a tranche of London-wide procurements underway at present which include the Canberra Old Oak procurement for H & F: the CCG representative will be involved in evaluating the submitted bids at the end of March 2016 ahead of service commencement in July 2016.

7. Practice suspensions

The committee has been kept apprised of the process whereby the Care Quality Commission temporarily suspended services at Fulham Cross Medical Centre and subsequent arrangements for the 'caretaking' provision by another practice and re-opening of Fulham Cross 20 February 2016.

8. Estates

The committee was advised that a draft strategic estates plan has been developed by NHS Property Services and is being reviewed by the local Strategic Estates Group (SEG), which reports into the Finance and Performance Committee.

9. Next steps

It is proposed that, in addition to the provision of minutes for noting, the local co-commissioning committee provides quarterly updates to the Governing Body on decisions that have been taken. Where necessary for specific and substantive items, there will be a specific item on Governing Body agendas.