

Item 13

<b>Date</b>	Tuesday, 08 November 2016
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<b>Title of paper</b>	NW London Primary Care Commissioning: Exploring Delegation
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<b>Presenter</b>	CCG Led				
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<b>Responsible Director</b>	Rob Larkman, Accountable Officer, BHH Federation Approved report <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>				
<b>Clinical Lead</b>	Neville Pursell, Central London CCG Chair				
<b>Confidential</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so

**The Governing Body is asked to:**

- **Note** the attached paper on the issues to be considered via extensive membership engagement prior to any decision on delegation of commissioning of primary medical services from April 2017
- **Note** the proposed communications and engagement work with Member Practices, Council of Members, and supporting Governing Body seminars during October and November, in order to consider submitting to NHS England an application for delegation on 5 December. The Londonwide LMC has been invited to contribute views, and to support Member Practices in voicing their questions and comments
- **Note** that views of Member Practices, and the holding of a ballot of Members in their role as commissioners of services, will be required in order to confirm our intentions across NW London.
- **Confirm** any additional actions they wish to see (including due diligence on the financial and legal aspects of NHSE primary medical contracts that would be delegated to the CCG, and resolution of the risks of conflicts of interest)

**Summary of purpose and scope of report**

**Purpose of the report**

- Local Services Programme Executive on 16 September and NW London Collaboration Board on 29 September discussed proposals to move all 8 NW London CCGs towards delegated commissioning in 2017, in order to achieve the key elements within the Strategic Commissioning Framework and the outputs of the primary care and out of hospital services chapter within the Sustainability and

Transformation Plan (STP).

- This paper details a proposal including :
- A proposal of the next steps that would need to be taken if an application were to be submitted to NHSE on 5 December.
- The stages following any application between December and March

### **Executive Summary**

- The LSPE discussion on 16 September, and the NW London CCGs' Collaboration Board on 29 September, highlighted the opportunities for CCGs in undertaking delegated commissioning, in terms of the greater local autonomy for decisions on primary care, and the potential access to resources to deliver the Strategic Commissioning Framework (SCF) and primary care plans within the Sustainability and Transformation Plan (STP).
- Equally, the challenges in terms of agreeing a level playing field for resources across NW London, assessing the risks and undertaking due diligence on the resources transferred from NHSE, must not be underestimated.
- This paper details a proposal of the next steps that would need to be taken if an application were to be submitted to NHSE on 5 December.
- All 8 CCGs in NW London took on responsibility for joint co-commissioning of general medical services from April 2016. This has provided local opportunities for planning future primary care services, and monitoring local provision.

### **Quality & Safety/ Patient Engagement/ Impact on patient services:**

#### Quality and Safety

- Due diligence will be carried out as part of the delegation process.

#### Patient Engagement

- Patients, Lay Members and Lay Partners will be engaged with through Lay Partners Advisory Group, Local Services Programme Executive and through local CCG routes.

#### Impact on patient services

- If CCG memberships decide to apply for fully delegated Primary Care Commissioning, there will be a direct impact on patient services. The benefits include:
  - There will be greater autonomy from NHS England if we move to fully delegated, and we would have a much clearer remit and mandate to support and develop primary care, that we do not have at the moment.
  - The CCG will be able to invest in primary care through formal mechanisms that are available to us through fully delegated co-commissioning.
  - The CCG has local sensitivity; we have a team that knows the local practices and knows local issues, and we can provide support with local sensitivity.
  - Practices will be supported by a local team that is responsive to your needs

- and has local knowledge, resourced to provide help and advice to practices, to be available for crisis support, and day-to-day assistance.
- Some risks include:
    - Limited resources to deliver work as the CCG will need to engage on primary care commissioning issues which will be resource intensive
    - Performance management may place tension between the CCG and its Members
    - Increased expectation from NHSE in contract management and complaints handling
  - There are governance rules in terms of GPs not being able to make certain decisions: strengthened and transparent processes for decision-making will be needed

#### Finance, resources and QIPP

- Finance: the financial implications will be further explored should any application for delegated primary care commissioning be supported by CCG membership.
- Staffing: full resource requirements, centrally and locally, will be worked out by the programme team and the Virtual Primary Care team in the coming weeks.
- Estates: no impact on estates at this point.
- How is this meeting QIPP requirements: no impact on QIPP

#### Equality / Human Rights / Privacy impact analysis

No analysis has been undertaken at this stage.

Risk	Mitigating actions
Timescale for submission to NHS England is tight	Central management of the application process, in addition to Virtual Primary Care team support will enable high-level engagement with members and Governing Bodies for any application
Limited resources to deliver work as the CCG will need to engage on primary care commissioning issues which will be resource intensive	Full resource planning to occur in the coming weeks; re-prioritisation of work across NW London may be required.
Communications across practices may not be consistent, leading to confusion across the sector	A standardised message for NW London will be agreed through the Chairs, MDs/COOs and programme team to ensure clarity

#### Supporting documents

- NW London Delegated Primary Care Commissioning Overview

**Governance and reporting**

- This paper will be discussed at all 8 CCGs Governing Bodies in November.

Committee name	Date discussed	Outcome
Local Services Programme Executive	16/09/16	Further details on the steps required for CCGs
	23/09/16	Further details around resourcing, communication and engagement of members required. This is in traction.
NW London CCGs' Collaboration Board	29/09/16	Paper discussed
Joint Co-Commissioning in Common Committee	06/10/16	
Hounslow Governing Body	11/10/16	Paper discussed
Central London Governing Body Seminar	12/10/16	Paper discussed
Ealing Governing Body Seminar	12/10/16	Paper discussed
Hammersmith and Fulham Governing Body Seminar	18/10/16	Paper discussed
West London Governing Body Seminar	18/10/16	Paper discussed
Harrow Executive Governing Body	18/10/16	Paper discussed
Hillingdon Organisational Development Session	19/10/16	Paper discussed
Proceed to Governing Bodies in November for all 8 CCGs		