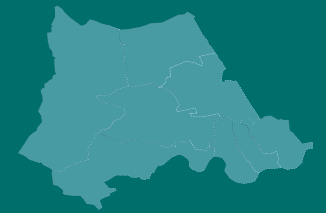


Hammersmith and Fulham Governing Body

08 November 2016

Progression to Delegated Commissioning - Discussion



Executive Summary

Local Services Programme Executive on 16 and 23 September, and CWHHE Chairs and NW London CCG's Collaboration Board on 29 September, Hammersmith and Fulham Governing Body Seminar on 18 October, and Hammersmith and Fulham GP workshop on 02 November 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 chapter within the STP.

This paper details a proposal for :

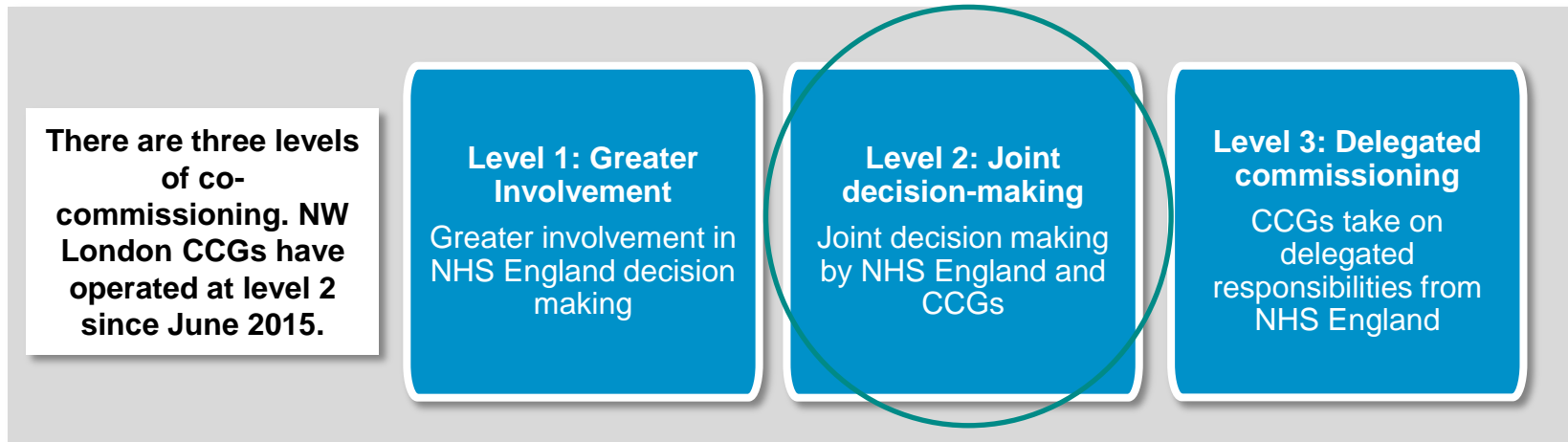
- A proposal of the next steps that would need to be taken if an application were to be submitted to NHSE on 5 December.
- The stages following any application between December and March

Actions Required:

The CCG 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)

- CCGs across North West London - in Brent, Harrow, Hillingdon, Ealing, Hounslow, Hammersmith & Fulham, Central London and West London - need to determine whether to move to delegated commissioning (the level of Co-Commissioning with the greatest responsibility for Primary Care for CCGs).
- **Applications are due on 05 December 2016 for interested CCGs with the support and mandate of member practices.**
- The Governing Body needs to hear **from all Member Practices** before taking a decision whether to apply.



- All 8 CCGs in NWL have been asked to consider moving to full delegated responsibility for Primary Care
- Nationally, 63 CCGs opted for delegation in April 2015 and a further 52 did so in April 2016. **More than half of all CCGs now hold delegated responsibility.**

What are the functions within delegated commissioning?

The NHS 5 Year Forward View – and GP Forward View - have focused on **place based care with the direction of travel for care from acute to out of hospital. This is irrespective of health economy.**

Delegated commissioning offers an opportunity for CCGs to assume full responsibility for commissioning primary medical services. CCGs that move to fully delegated arrangements will be responsible for the management of the duties previously carried out by NHS England, as well as continuing to remain responsible for discharging their own statutory duties.

The table below provides a summary breakdown of the principal functions that would be delegated under the new working arrangements.

| Delegated Functions | Reserved NHS England Functions |
|--|---|
| GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action, such as issuing breach/remedial notices, and removing a contract) | Management of the national performers list |
| Newly designed enhanced services and local incentive schemes (“Local Enhanced Services (LES)” and “Directed Enhanced Services (DES)”) | Management of the revalidation and appraisal process |
| Financial management of primary care budget | Administration of payments in circumstances where a performer is suspended and related performers list management activities Capita contract managed by NHSE as is a national contract |
| Ability to establish new GP practices in an area | Capital expenditure functions |
| Approving practice mergers & closures | Section 7A functions (e.g., screening and immunisation) |
| Making decisions on ‘discretionary’ payments (e.g., returner/retainer schemes) | Functions in relation to complaints management |

The benefits and risks of delegated Primary Care Commissioning

| Benefits | Risks |
|--|---|
| An opportunity for CCGs to assume full responsibility for commissioning general practice services, giving us more say | Perceived conflicts of interest in CCGs assuming full delegation |
| Quicker access to funding streams due to elimination of existing layer of application/approval processes | CCG will need to quickly adapt to manage new expectations and resolve any issues arising |
| Less delays and time-lags in local decision making | More work for the CCG to take on with limited and stretched capacity and capability |
| Increased autonomy at local level to shape future primary care services | Assumption that the CCG is seeking more power |
| A stronger voice for General Practice at the higher level to influence decision making | Anxiety about the CCG performance managing practices |
| More control and local influence over decisions, services and contracts | PMS contracts not finalised |
| Builds on the good work that we are currently delivering against in Primary Care and fits with our overarching Primary Care Strategy, enabling us to fully Implement our plans around the Five Year Forward View | Potential lack of local CCG capacity; there may be limited resources to deliver work as the CCG will need to engage on primary care commissioning issues which will be resource intensive |
| Direct relationships with contractors/practice, and will also give the CCG the ability to design local schemes to replace QOF and DESs based on local knowledge | May increase perceived COI in relation to the commissioning of services from member practices and federated practices. Potentially more bureaucratic processes to assure transparency |
| Local decision making: Gives us greater opportunity to use innovative commissioning to deliver local improvements, whilst optimising the use of resources to target them more effectively | Performance management of colleagues may become an issue as this may place tension between the CCG and its Members |
| Ability to set commissioning intentions that cover key primary care issues such as workforce resilience and to work on these at NW London level | Failure to deliver effective commissioning plans may undermine our primary care transformation plan as part of the Local Services Strategy |
| The CCGs will be enabled to be more responsive to members needs | There may be an increased expectation from NHSE in contract management and complaints handling |
| Could benefit our local population by improving primary care access, outcomes, patient experience and supports our work to reduce inequalities | CCGs are accountable for the decisions they make and require transparency of process as well as the engagement and support of members practices, the public and other stakeholders |
| Central funding streams may be held back if we do not take on delegation (consequence of not applying) | Dealing with public appeals and concerns may take CCG resource away from commissioning |

Pre

- Discuss with Chairs and Governing Bodies, Londonwide LMC, Member practices, Councils of Members and GP Federations
- Invite Councils of Members to identify issues which they would wish to be fully explored prior membership ballot
- Seek Mandate from member practices
- Launch due diligence exercise with NHSE London

SUBJECT TO MEMBER PRACTICES MANDATE

Post

If CCG membership vote to submit an application:

- Completion of due diligence exercises.
- Agreeing with NHSE the allocation of staff, the cross-NW London governance and Conflict of Interest (CoI) management, to enable support of the approved CCGs to commence implementation of the new arrangements
- Working with GP Federations/Networks, PPGs and Lay Partners, local practices, LLMC and principal stakeholders on the priority areas for action where delegated commissioning could make greatest impact.