



Barnet Clinical Commissioning Group



*Camden
Clinical Commissioning Group*



*Enfield
Clinical Commissioning Group*



*Haringey
Clinical Commissioning Group*



*Islington
Clinical Commissioning Group*

North Central London Primary Care Co-Commissioning Options

Stakeholder Engagement Pack June 2016

Different levels of Primary Care Co-Commissioning

Level 1 – Greater involvement

- CCGs collaborate more closely with NHS England (London region)

Level 2 - Joint Commissioning

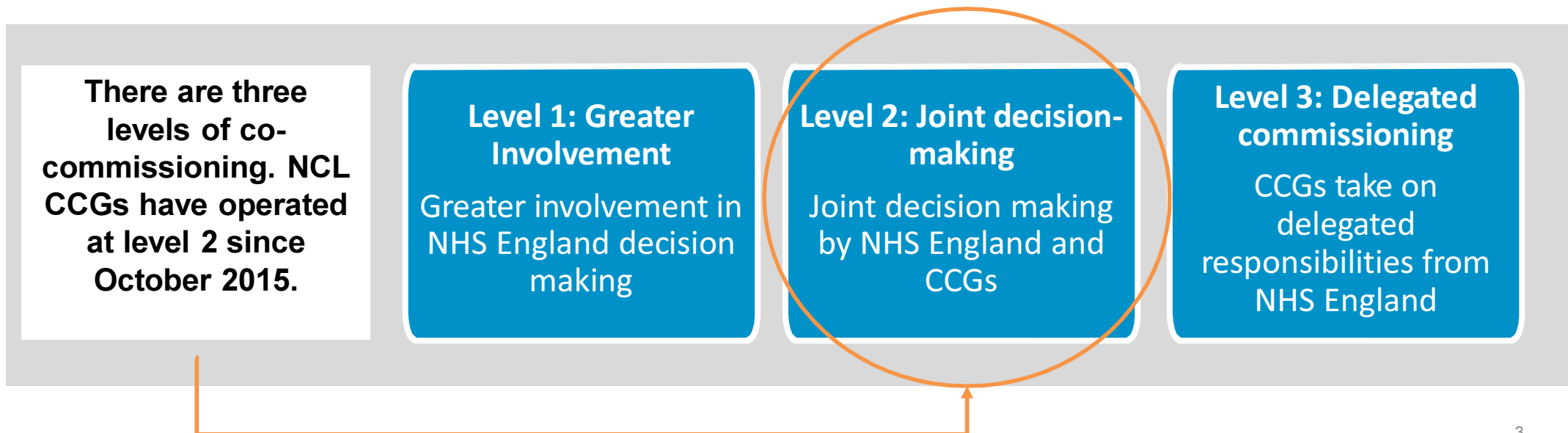
- Jointly commissioning services alongside other CCGs and the NHS England, London regional team
- Joint Committee or Committee in common make decisions
- NHS England, London regional team has the casting vote

Level 3 - Delegated Commissioning

- CCGs have full responsibility for commissioning GP services
- CCGs make all decisions and NHS England, London regional team do not have a casting vote on decisions
- CCGs will need to create individual Primary Care Committees or a Committee in Common

Where we are now

- The CCGs in Barnet, Enfield, Haringey, Islington and Camden need to determine whether to move to delegated commissioning (the level of Co-Commissioning with the greatest responsibility for CCGs)
- Applications are due in October 2016 for interested CCGs



Functions under different levels of co-commissioning

Primary Care Function	Level 1: Greater Involvement	Level 2: Joint Commissioning	Level 3: Delegated Commissioning
General practice commissioning	Potential involvement in discussions but no decision making role	Jointly with NHS England (London region)	Yes
Pharmacy, eye health and dental commissioning		Potential involvement in discussions but no decision making role	Potential involvement in discussions but no decision making role
Design and implementation of local incentives schemes		Subject to joint agreement with NHS England (London region)	Yes
General practice budget management		Jointly with NHS England (London region)	Yes
Contractual GP practice performance management		Jointly with NHS England (London region)	Yes
Medical performers' list, appraisal, revalidation		No	No

Benefits and issues of different levels of co-commissioning

Greater Involvement (Level 1)

- Reduced governance structure and CCG responsibilities

- Would require dismantling of current level of governance structure;
- Lack of localisation of decisions and ability to influence local decision making, strategy and implementation of new models of care;
- Limited clinical leadership and access to contracting expertise;
- Limited insight into performance of practices locally and ability to influence management of quality;
- Limited ability to redesign incentives and contracting approaches;
- Limited management of primary care staff and financial resources to support strategic drivers for change.

Joint (Level 2)

- Collaborative primary care commissioning;
- Acceleration of local primary care transformation;
- Local input in decision making;
- Ability to redesign local incentive schemes;
- Clinical leadership and decision making;
- Increased local appetite and energy to transform primary care;
- CCG insight into practices and ability to harness CCG expertise to drive up quality.

- Limited access to timely and complete information;
- Limited influence of historic processes of contracting team;
- Contracting expertise still an NHS England (London) resource – lack of local capacity;
- NHS England (London) have the casting vote in decision making.

Delegated (Level 3)

- Collaborative primary care commissioning;
- Ability to influence local primary care transformation;
- Local input in decision making;
- Ability to redesign local incentive schemes;
- Clinical leadership and decision making;
- CCG insight into practices and ability to harness CCG expertise to drive up quality;
- Control of primary care medical budgets;
- Greater control of workforce and processes supporting co-commissioning.
- Expectation nationally that CCGs take on level 3 delegated commissioning at some point in the future

- Additional contracting staff cost to ensure capacity is increased to levels where improvements can be realised;
- Budgetary pressures derived from commissioning primary care are the responsibility of the CCG (QIPP);
- CCGs will take on the responsibility of sole decision making of GP constituents

Frequently Asked Questions

How would we deal with conflicts of interest if the CCGs are in charge of Primary Care Commissioning?

- The governance structure would be set up to avoid conflicts. Provisions could include use of independent clinicians, a lay chair and register of interests.
- Making decisions beyond individual CCG groupings would also help mitigate conflicts.

Why have we grouped as North Central London?

- NCL are able to work collaboratively to improve health outcomes, share best practice and improve quality
- As NCL CCGs move to strategic planning through our Sustainability and Transformation Plan, working as a Strategic Planning Group (SPG) will be important for applying for central funding.

What would delegated commissioning mean in terms of budgets?

- We would take more responsibility for the way funds are used and would have greater transparency.
- There is no intention to pool core Primary Care budgets across NCL. We could be allocated some funding at Strategic Planning Group (SPG) level which the CCGs would agree together how it was used.

Would the CCG be responsible for performance monitoring practices?

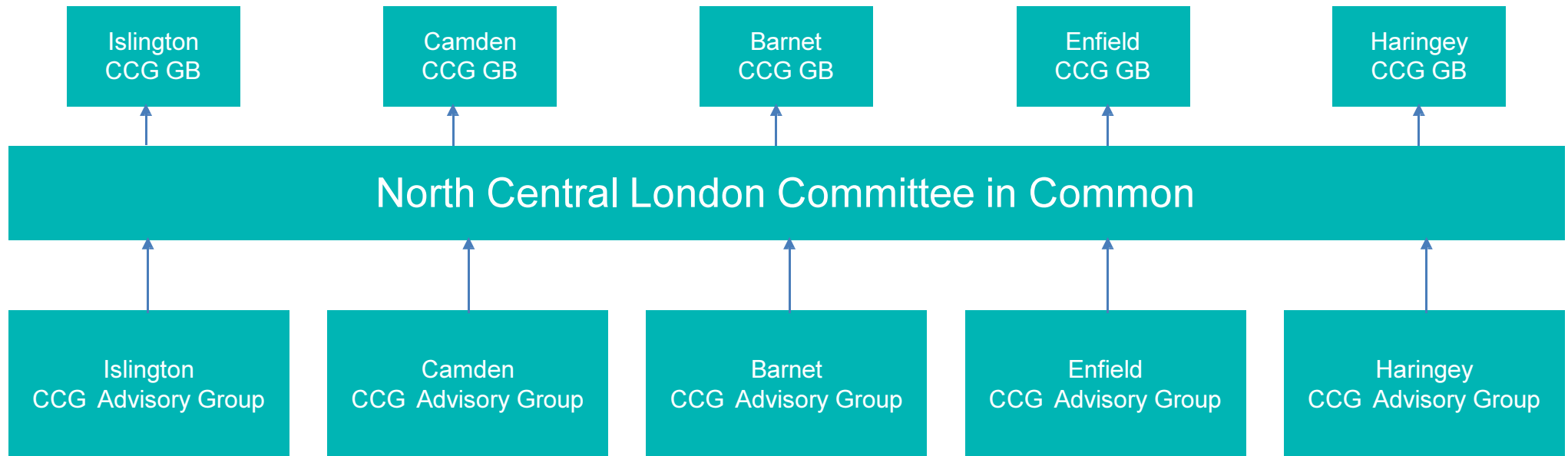
- Yes, the CCG would have a role in performance monitoring practices.
- This would help the CCG fulfil its role of driving up the quality of local primary care. The approach taken would be informed by the CCG's conflicts of interest policy. CCGs could use GPs from outside the local area to assist with this work.

There is a perception that NHS E (London) have not been resourced to a level where they can perform the function well, why we would take this on without additional resource?

- There is no expectation that by becoming delegated commissioners we will be able to apply for, or receive, additional resource. However, we will have the ability to influence the way in which the existing team carries out the function and add resource so that we have a function that supports our CCG goals related to improvements in quality and patient care.

Changes to the current governance structure that would take place if NCL moved to Delegated Commissioning

If North Central London CCGs decided to become Delegated Commissioners, having considered other options, it is recommended that a **Committee in Common** be established to support decision making and to manage conflicts of interest, however comments are welcome on this recommendation.



- Each CCG would establish its own Primary Care Commissioning Committee but they would all meet together at the same time and in the same place.
- Having the Committees meeting in common would:
 - promote information sharing and benchmarking across North Central London;
 - support management of conflicts of interest by creating more transparency and supporting non-conflicted clinical input;
 - Help to identify areas for collaborative working

Experiences from existing Delegated Commissioners...

Forced the CCGs to work together and brought in some independent GPs who have a different perspective to the local ones, e.g. new ideas and challenge.....

We have greater control over decisions locally. NHS E had wanted to tender for a new practice, we decided to disperse the list....

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With more lead in time more ambitious in our D this year – which are offered an alternative D more wit

There is a feeling that the impact of level 3 delegated commissioning has yet to be fully felt by the CCGs as responsibilities are slowly coming back to us...

There is not enough NHS E resource..

The primary care resource has remained within NHS E and the bulk of the workload is still being done by NHS E teams, with them coming to the CCG for us to for a decision / sign off. This will slowly change as the year progresses...

One year in we are beginning benefits of delegated c agenda, making some do if there is a service gap, we had no

Timeline and next steps

Date	Planned activity
June – August 16	Engagement on options for Co-Commissioning (Level 1, 2 or 3). Gathering feedback from engagement sessions to inform Governing Body decisions in Sept. Voting, where applicable, with member practices takes place.
August 16	Preparation of report for Sept Governing Body meetings, setting out feedback on options and a recommendation of the preferred option
September 16	Decision made on next steps for Co-Commissioning by Governing Bodies
October 16	Submit application or inform NHS England of outcome of engagement and intention for Co-Commissioning

Key questions for stakeholder consideration

- Do you think NCL CCGs should move to level 3 delegated commissioning to help achieve primary care transformation?
- Do you have any comments about the proposed governance structure?
- Is there additional information that need to better inform your understanding?

Additional Information

Background and Context

- NHS England offered CCGs the opportunity to adopt one of three commissioning models should they wish to take on board greater powers for primary care commissioning. Co-Commissioning is seen as an essential part of moving to place-based commissioning and a way of implementing new models of care;
- The five CCGs in North Central London currently undertake joint co-commissioning of primary care services with NHS England;
- Take on of delegated commissioning will bring resource from NHS England (London) closer to CCG teams, however investment will be required locally to fully realise the benefits of delegated commissioning as there is currently limited primary care contracting capacity;
- The CCGs in North Central London continue to work together to transform services for local people and increasingly investment will be delivered to Strategic Planning Groups (SPG) through Sustainability and Transformation Plans. A move to delegated commissioning strengthens the SPGs case for collaboration when applying for new investment.

Level 1 – Greater involvement in Commissioning

What is Greater Involvement in Co-Commissioning?

- Greater involvement in primary care co-commissioning is an invitation to CCGs to collaborate more closely with NHS England (London region) to ensure that decisions taken about healthcare services are strategically aligned across the local health economy
- There is no formal approval process for greater involvement; arrangements are taken forward locally

What are the responsibilities?

- CCGs whose role is to have greater involvement may be consulted on decisions made by NHS England
- With the exception of existing responsibilities for Primary Care Strategy Development, CCGs have limited responsibility under this level of Co-Commissioning

Level 1 – Greater involvement in Commissioning

Where are decisions made?

- Decisions are made by NHS England

What governance is required?

- No formal changes to CCG governance are required

Are there other CCGs in London with this level of Co-Commissioning?

- In London, only City and Hackney CCG in London have this level of Co-Commissioning

Level 1 – Greater involvement in Commissioning

Advantages

- No change to governance or existing CCG responsibility in terms of set up cost or capacity

Disadvantages

- Lack of influence over decision making
- Lack of localisation of decisions
- Lack of ability to influence local strategy and implement new models of care
- Limited clinical leadership and access by the CCG to contracting expertise
- Limited insight in to the performance of practices locally and ability to influence management of quality
- Limited ability to redesign incentives and contracting approaches
- Limited management of primary care staff and financial resources to support strategic drivers for change

Level 2 – Joint Commissioning (Current arrangement)

What is Joint Co-Commissioning?

- A joint commissioning model enables one or more CCGs to assume responsibility for jointly commissioning primary medical services with NHS England (London region).
- Within this model CCGs also have the option to pool commissioning and GMS/PMS funding for investment in primary care services, although in NCL this is not something that the CCGs chose to do
- Joint commissioning will require a joint committee or “committees in common” to make commissioning decisions. This could be with one or more CCGs and NHS England (London region). It is for NHS England (London region) and CCGs to agree the full membership of this Committee. Representatives from the local HealthWatch and Health and Wellbeing Board also have the right to join this committee as a non-voting member. The NCL Joint Committee is made up of a variety of local stakeholders and has a lay chair and a lay/ exec majority

What are the responsibilities?

- CCGs as Joint Commissioners have a joint responsibility for Commissioning GP services, Local Incentive Schemes, Budget Management and Contracting of GP services. In practice the day to day operation of responsibilities is carried out by NHS England (London Region) staff with decisions made at the NCL Joint Committee

Level 2 – Joint Commissioning (Current arrangement)

Where are decisions made?

- Decisions are made in a Joint Committee which has a lay/exec majority with representatives from each of the CCGs in NCL. NHS England has the power to veto a decision made by CCGs

What governance is required?

- For NCL, the governance is already in place and therefore no changes are required

Are there other CCGs in London with this level of Co-Commissioning?

- The CCGs in North West London and South East London are currently Joint Commissioners and are considering the option of moving to level 3 delegated commissioning

Level 2 – Joint Commissioning (Current arrangement)

Advantages

- Integrated primary care commissioning
- Acceleration of local primary care transformation
- Local input in to decision making
- Ability to redesign local incentive schemes
- Clinical leadership and decision making
- Increased local appetite and energy to transform primary care
- CCG insight into practices and ability to harness CCG expertise to drive up quality

Disadvantages

- Access to timely and complete information challenging
- Limited influence of historic processes of contracting team
- Contracting expertise still an NHS England (London) resource – lack of local capacity
- NHS England (London) have the casting vote in decision making

Level 3 – Delegated Commissioning

What is Delegated Co-Commissioning?

- Delegated commissioning offers an opportunity for CCGs to assume full responsibility for commissioning general practice services
- CCGs continue to remain responsible for discharging their own statutory duties, for instance, in relation to quality, financial resources and public participation
- Within this model CCGs also have the option to pool commissioning and GMS/PMS funding for investment in primary care services, however this is not mandatory and is to be decided by CCGs prior to applying to become delegated commissioners

What are the responsibilities?

- CCGs as Delegated Commissioners have sole responsibility for Commissioning GP services, Local Incentive Schemes, Budget Management and Contracting of GP services

Are there other CCGs in London with this level of Co-Commissioning?

- The CCGs in BHR, WEL and SWL are delegated commissioners

Level 3 – Delegated Commissioning

Where are decisions made?

- Delegated commissioning requires CCGs to create a 'primary care commissioning committee' to oversee the exercise of delegated functions. It is for CCGs to agree the full membership of this Committee. However, this Committee will be required to have a lay Chair and lay and executive majority. Representatives from the local HealthWatch and Health and Wellbeing Board will also have the right to join this committee as a non-voting member. Decisions are made by this committee. NHS England does not have the power to veto decisions made by delegated commissioners

What governance is required?

- CCGs will need to decide whether to establish a Committee-in-Common to manage decisions across NCL or whether to establish individual primary care committee meetings, both of which report to CCG Governing Body meetings

Level 3 – Delegated Commissioning

Advantages

- Integrated primary care commissioning
- Acceleration of local primary care transformation
- Local input in to decision making
- Ability to redesign local incentive schemes
- Clinical leadership and decision making
- Increased local appetite and energy to transform primary care
- CCG insight into practices and ability to harness CCG expertise to drive up quality
- Greater control of workforce and processes supporting co-commissioning
- Control of primary care medical budgets and any head room

Disadvantages

- Additional cost to ensure capacity is increased to levels where improvements can be realised
- Budgetary pressures derived from commissioning primary care are the responsibility of the CCG (QIPP)

What would NCL need to do to become Delegated Commissioners?

The CCGs will need to:

- Review CCG Constitution, Scheme of Delegation and Conflicts of Interest Policies and update where required
- Submit Delegated Commissioning Governance documents such as the CCG IG toolkit, the Committee(s) ToR and a completed application for delegated commissioning to NHS England.
- Prepare a due diligence report prior to 'take on' which analysis the current state of contracts and finances related to the areas to be delegated by NHS England (London Region)
- Understand the implications for CCGs categorised as 'under directions'
- Prepare an options appraisal of potential approaches to staffing*
- Engage stakeholders – where required there needs to be a member vote

* As part of the London OD review, NCL are expected to get a fair share of the NHS England (London) Primary care contracting staffing resource. NCL will not receive additional staff and will therefore need to consider how best to configure staff across CCGs and NHS England (London region), along with any need for further investment in staffing

Further information

For more information or to ask a question of the programme team please email:

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