

PRIMARY CARE CO-COMMISSIONING: UPDATE

Relevant Board Member(s)	Dr Ian Goodman
Organisation	Hillingdon Clinical Commissioning Group
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Papers with report	None

1. HEADLINE INFORMATION

Summary	This paper serves as an update for the Board on developments in primary care co-commissioning. NHS England (NHSE) has invited CCGs to take on an increased role in commissioning of primary care and to engage with Health and Wellbeing Boards on the Boards' role in primary care co-commissioning going forward. This includes a dialogue leading up to a decision on whether to enter into formal co-commissioning arrangements in April 2015.
Contribution to plans and strategies	Potential opportunities presented through primary care co-commissioning have implications for the CCG 5 year strategic plan, out of hospital strategy and for Hillingdon's Joint Health and Wellbeing Strategy including the Better Care Fund plan.
Financial Cost	None directly as a result of this report
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

1. notes progress and intentions regarding Primary Care Co-commissioning;
2. notes that a local authority representative from the Health and Wellbeing Board and a Healthwatch representative will have a right to join the specific committees established to undertake primary care co-commissioning as non-voting attendees;
3. notes that the specific committees must have a lay and executive majority and a lay chairman which the Health and Wellbeing Board may wish to discuss; and
4. considers how the Health and Wellbeing Board should be engaged in discussions leading up to the decision to enter primary care co-commissioning from April 2015.

3. INFORMATION

Background

At its meeting on 23 September 2014, the Board received a briefing on NHSE intentions regarding the co-commissioning of primary care and the options available to Clinical

Commissioning Groups (CCGs). It noted that Hillingdon CCG intended to pursue the NHSE category B option for joint commissioning arrangements, whereby the CCGs and areas teams make decisions together, potentially supported by pooled funding arrangements, and that a NW London expression of interest was to be submitted on this basis.

Since then, through a letter to local authority CEOs and Health and Wellbeing Board Chairmen on 18 December 2014, NHSE encouraged Boards to have a conversation with their local commissioners of primary care, both CCGs and NHSE. In addition, a letter (12 December 2014) was sent by London Councils to Borough Leaders and Health and Wellbeing Board Chairmen, pointing to the varied engagement by Health and Wellbeing Board's in development of plans and encouraging greater dialogue.

Introduction and national context

In June, NHSE invited CCGs to submit an Expression of Interest in an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities.

Currently NHSE commissions primary care services, including primary medical care services, ophthalmology, dentistry and pharmacy. NHSE also commissions specialised services, offender healthcare and healthcare for people in the military.

At this stage, primary care co-commissioning refers to the commissioning of primary medical (GP) care services only, either jointly between CCGs and NHSE or through NHSE delegating its commissioning functions to a CCG. Hillingdon CCG, with the NW London CCGs, jointly submitted an Expression of Interest in Primary Care Co-commissioning to NHSE in June 2014, and a further submission of draft proposals in January this year.

The vision for care in Hillingdon and North West London for sustainable, integrated and high quality health services

In Hillingdon, there is a vision to improve the quality of care for individuals, carers and families, empowering and supporting people to maintain independence and to lead full lives as active participants in their community.

This vision is supported by three principles:

- People will be empowered to direct their care and support and to receive the care they need in their homes or local community;
- GPs will be at the centre of organising and coordinating people's care; and
- The NW London systems will enable and not hinder the provision of integrated care.

The vision for Hillingdon and NW London CCGs is focused on integrated whole systems delivering population based care, co-ordinated around the needs of the patient. General Practice will be the cornerstone for this new model of care delivery, with the majority of patient care being delivered in the primary care setting and with General Practice delivering more accessible, co-ordinated services with a focus on prevention. Therefore, in Hillingdon there is an ambition of achieving sustainable General Practice that is supported to deliver the services and high quality care that local people need.

Challenges faced in General Practice nationally and in Hillingdon

Today, General Practice undertakes 90 per cent of NHS activity for 7.5 per cent of the cost, seeing more than 320million patients nationally per year. The vision of whole systems integrated care for Hillingdon describes General Practice at the core of coordinating and delivering services.

However, the model of General Practice that has served Londoners well in the past is now under unprecedented strain. Therefore in Hillingdon, with NW London CCG partners, there is an ambition to enable a shift in investment into primary care to achieve supported and sustainable General Practice.

Primary care nationally and in Hillingdon is facing a number of challenges in the evolving health and care landscape:

1. A growing and aging population with increasingly complex health and care needs;
2. Variable levels of accessibility and quality of primary care services that patients can access;
3. Workforce challenges with an increasing proportion of General Practitioners (GPs) nearing retirement age and with limited number of clinicians coming into the system; and
4. A significant fall in investment in General Practice as a percentage of total health spend with minimal investment into developing and maintaining primary care estates and facilities.

As patients' needs are changing the systems that are currently in place need to evolve to ensure that they are still fit for purpose. However, new ways of working that GPs would be asked to deliver for the NW London vision, are above and beyond that expected in the current primary medical services contracts. Furthermore, while some expectations are within the remit of the core contracts, there is a lack of clarity in the specification. In addition, current contractual forms for General Practice cannot be readily changed.

Primary care co-commissioning in Hillingdon with NWL CCG partners to promote sustainable and integrated high quality services to deliver patient benefits

Alongside this, Hillingdon CCG has been involved in an extensive period of stakeholder engagement with the NHSE local area team, CCG Governing Bodies, CCG constituent members, the Londonwide LMCs, local NW London LMC borough Chairs, patient and public representative groups and other stakeholder groups.

Primary care co-commissioning will be an enabler to helping Hillingdon CCG achieve this vision by enabling local commissioners and stakeholders the ability to:

- influence local decision making in primary care to align with wider local strategies for integrated and coordinated care;
- commission for a new contractual offer for General Practice to sustainably deliver the necessary enhanced services for it to act as the foundation for the new model of care and to limit current variations in quality and access; and
- influence the necessary investment in the supporting primary care estates and workforce to enable the delivery of the enhanced role of General Practice.

Ultimately, through primary care co-commissioning, the ambition is to achieve the right benefits for patients:

- Improved access to primary care and wider out-of-hospitals services, with more services available closer to home;
- High quality out-of-hospitals care;
- Improved health outcomes, equity of access, reduced inequalities;
- Services that are joined up, coordinated and easy for users to navigate around;
- A better patient experience through more joined up services; and
- A greater focus on prevention, staying healthy and patient empowerment.

Although primary care co-commissioning is seen as an opportunity for local clinicians and people to gain more influence over the commissioning of primary care to achieve the right benefits for patients, through stakeholder engagement it has been agreed that in Hillingdon and other NW London CCGs co-commissioning will not be about:

- CCGs taking on the role of performance or contract managing practices or GPs which would introduce potential conflicts of interest;
- Losing local influence in decision-making on out of hospital services to NHSE; or
- Taking away core primary care contracts from practices.

As member-led organisations, the decision to enter into primary care co-commissioning arrangements will be determined through the support of each CCG's constituent member practices. In Hillingdon, this support must be achieved through a majority vote scheduled to take place on 4 March 2015.

CCG constituent members and the Governing Body have agreed to enter into a pilot period in which joint commissioning arrangements may be trialled in order to test how arrangements could work. Through these arrangements, Hillingdon, with NWL CCG partners can explore and determine how to achieve the required benefits as well as defining streamlined and efficient governance arrangements that allow for effective and consistent decision-making with localisation.

As the establishment of pilot arrangements do not affect the CCG constitutional arrangements in place, all decisions continue to be ratified by individual CCG Governing Bodies and NHS England. Any decision to enter into formal primary care co-commissioning arrangements will be following full engagement with CCG's constituent member practices to gain the support to make the necessary constitutional amendments. Support is being sought in March 2015.

National Guidance has influenced how Primary Care Co-commissioning can be taken forward

On 10 November 2014, NHSE published [Next steps towards primary care co-commissioning](http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf)¹. This document sets out three possible models for primary care co-commissioning (greater involvement, joint commissioning and delegated commissioning) and the next steps towards implementation.

Further [statutory guidance on the management of conflicts of interest](http://www.england.nhs.uk/wp-content/uploads/2014/12/man-confl-int-guid-1214.pdf)² was issued on 18 December 2014. The new guidance does not change what have been agreed as priorities for CCGs in NW London. However, it will impact how Hillingdon and NWL CCG partners can take co-commissioning plans forward in practice.

¹ <http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

² <http://www.england.nhs.uk/wp-content/uploads/2014/12/man-confl-int-guid-1214.pdf>

NW London CCGs initially expressed an interest in *joint commissioning* arrangements. In light of new guidance from NHSE, it has become apparent that *delegated commissioning* arrangements may align best with what has been described for NW London, as they would enable:

- greater local influence in primary care commissioning decisions without giving up influence to NHSE on decisions relating to out of hospital services;
- the commissioning of a full new offer for General Practice;
- streamlined and efficient governance arrangements that allow for effective and consistent decision-making with localisation; and
- more appropriate management resource to carry out assumed functions.

Ultimately, future arrangements must be designed around the required benefits and the boundaries that have been agreed upon through stakeholder engagement. The NW London CCGs have committed to strive to influence the process as much as possible to ensure the end result is the most beneficial for our local health economy.

To put NW London CCGs on the right footing to choose to move onto the next steps in co-commissioning from April 2015 a required proforma was submitted to NHSE on 9 January 2015.

Health and Wellbeing Board involvement in Primary Care Co-commissioning

National guidance on Health and Wellbeing Board involvement in primary care co-commissioning states that:

- in both joint and delegated commissioning arrangements, CCGs must issue a standing invitation to the local Health and Wellbeing Board to appoint representatives to attend commissioning committee meetings, including, where appropriate, for items where the public is excluded from a particular item or meeting for reasons of confidentiality. These representatives would not form part of the membership of the committee;
- where there is more than one local Health and Wellbeing Board for a CCG's area, the CCG should agree with them which should be invited to attend the committee; and
- Health and Wellbeing Boards are under no obligation to nominate a representative, but we believe there would be significant mutual benefits from their involvement. For example, it would support alignment in decision making across the local health and social care system.

Next steps in terms of Health and Wellbeing Board involvement in Primary Care Co-commissioning for CCGs in North West London

In light of national guidance, it may now be prudent to begin a conversation between the NW London CCGs and local Health and Wellbeing Boards on Board involvement in formal primary care co-commissioning arrangements in the future. These conversations will enable:

- the joint identification of local authority representation for future co-commissioning arrangements across NW London CCGs; and
- local authority representation in shadow co-commissioning arrangements across NW London.

The Health and Wellbeing Board is asked to support the initiation of a conversation between the Board and local commissioners of primary care for NW London on the role of local Health and

Wellbeing Boards in primary care co-commissioning going forward. Furthermore the Health and Wellbeing Board is asked to consider:

- consider how the Health and Wellbeing Board should be engaged in discussions leading up to the decision to enter primary care co-commissioning from April 2015; and
- further stakeholder organisations that they may need to engage with over the coming months and how the NW London CCGs can support in this.

4. BACKGROUND PAPERS

None.