

Governing Body

Meeting

Held in public

REPORT

Subject	Delegated Commissioning of Primary Care Medical Services
Date	7 September 2017
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Executive Summary

The co-commissioning of primary medical services (services provided by GP practices) is one of a series of changes set out in the national [NHS Five Year Forward View](#). Since 2015, 85% of CCGs in England have taken on delegated responsibility for GP services, including locally Milton Keynes CCG.

This paper sets out the position in terms of:

- Delegated commissioning roles and responsibilities
- Benefits and reasons for taking on delegated commissioning responsibilities
- Potential Next steps and timeline should the CCG wish to apply to become a delegated primary care commissioner

Recommendation

It is suggested the CCG continue the consultation process with member practices and stakeholders leading to a membership vote end September/early October.

It is proposed that the Governing Body receive a further report at the November meeting on the outcomes of the vote to then decide whether the CCG intends to apply to take on delegation.

Should the decision be to apply for delegation from NHS England for primary medical services:

- Establish a Delegated Commissioning Task & Finish group in order to finalise the supporting documentation for an application to NHS England
- to develop preparatory work to establish systems and processes for delegated commissioning including reviewing and implementing the new Managing Conflict of Interest: Revised Statutory Guidance for CCGs
- Identify and mitigate risks to Delegation.

Links to the business and risks

Relevant Strategic Objectives 2016/17 (please mark in bold)
1. Systematically implementing prevention, early diagnosis and early intervention
2. Commissioning services that deliver evidence-based care, in the right place and at the right time, including promoting self-care and empowering patients to manage their own conditions.
3. Making sure that care is high quality, safe and sustainable, that it improves health outcomes and wellbeing and provides a good patient experience.
4. Using the statutory framework with best practice governance and transparency principles to be fully accountable to our population in commissioning and operating as a part of the wider health system
5. Ensure that the CCG commissions and operates in a financial manner consistent with the regulatory framework, long terms sustainability and best use of public money.
6. We will work in close partnership with all the organisations who commission or provide care for our population, to integrate services where it makes sense and to achieve seamless transitions of care for patients where services remain separate.
7. Embedding member, public, patient, carer, staff and other stakeholders' views through meaningful engagement into decision-making processes and commissioning intentions.

Links to Board Assurance Framework / Corporate Risk Register	
Details of additional risks associated with this paper (may include NHS England Assurance Framework / NHS Constitution)	<p>All risks associated with Primary Care Co-commissioning are captured within the Primary Care Commissioning risk register and reported monthly to the Primary Care Working Group and bi-monthly to the Joint Primary Care Co-Commissioning Committee</p> <p>There is a risk that GP Membership may not support an application to become delegated</p>
Financial Implications / impact	Due Diligence to be completed on primary care services budget transfer should the CCG apply for delegation
Legal Implications / impact	Not at this time
Partnership work / public engagement implications / impact	Partnership work and engagement on the move towards delegated commissioning arrangements has taken place through the Locality Boards, Patient Groups and is ongoing through the Primary Care Working Group and Joint Primary Care Co-Commissioning Committee and its members.
Committees / groups where this has been discussed before	<p>Locality Boards – October 2016</p> <p>Executive Management Team – October 2016</p> <p>Joint Co-commissioning Committee – November 2016</p> <p>Governing Body – November 2016</p> <p>Members Forum – March 2017</p> <p>Locality Boards – June 2017</p> <p>Joint Commissioning Executive Committee – June 2017</p> <p>Primary Care Working Group and Joint Primary Care Co-commissioning Committee as a standing item.</p>

Other options available and their pros and cons	
Background papers	

Delegated Commissioning of Primary Medical Services

The co-commissioning of primary medical services (services provided by GP practices) is one of a series of changes set out in the national [NHS Five Year Forward View](#). Since 2015, 85% of CCGs in England have taken on delegated responsibility for GP services, including locally Milton Keynes CCG.

Bedfordshire CCG and GP member practices have taken a more cautious approach to date, preferring to better understand the benefits of delegation by establishing joint co-commissioning arrangements with NHS England in 2016, without fully delegated responsibility. There is now a better understanding of how delegated commissioning can be effectively integrated into the governance of a CCG to support delivery of its' strategic objectives.

Having seen how delegated responsibility is working in other areas – and the potential benefits it can offer and how risks can be minimised – Bedfordshire CCG is now considering moving towards delegated commissioning in the future. The next potential option to take this responsibility on is April 2018, if an application made by the CCG is approved by NHS England. The likely window for making an application is early December 2017 (NB. NHS England are still to confirm the 2018 application deadline). Therefore Bedfordshire Clinical Commissioning Group (CCG) will need to decide whether to take on responsibility for commissioning (planning, managing and buying) local GP practice services in November 2017.

Over the past year the CCG has engaged with our local GPs, practices and key stakeholders about what delegated commissioning would mean for GP services in Bedfordshire. The opportunity to apply for delegated commissioning status was considered by the Executive Management Team and Locality Boards in November 2016, however at that time it was agreed that the CCG would remain in Joint Co-commissioning to enable a longer lead in time to prepare appropriately.

Delegated commissioning roles and responsibilities

Whilst the CCG already has a role under the Health and Social Care Act 2012 to support the quality of GP services in the county, we are currently jointly responsible for managing local General Practice with NHS England who hold the funding and commission practice contracts. Under a delegated commissioning arrangement, lead responsibility for the following would pass from NHS England to the CCG:

- the management of General Practice contracts – including monitoring the performance of local GP practices and taking actions such as issuing improvement notices and removing a contract;
- approval of practice mergers or changes to individual GP practice boundaries;
- making decisions on payments and schemes that affect local GPs;
- making decisions on issues related to GP practice premises.

Under delegated commissioning arrangements, the CCG would assume full responsibility for commissioning GP services in Bedfordshire. A CCG committee would be established to oversee the delivery and performance management of GP contracts, as well as budget management related to local GP services. NHS England would, however, retain legal liability for the contracts and performance of primary

medical service commissioning in Bedfordshire by the CCG and would therefore retain oversight of the arrangements CCG puts in place to discharge its responsibilities.

The CCG would be responsible for:

- Managing GP contracts
- Contract terminations e.g. in the event of bankruptcy or death of a GP
- Design of additional services delivered by GP practices and local incentive schemes
- Establishment of new GP practices
- Approval of practice mergers
- Making decisions on any local 'discretionary' payments for GP practices
- Direction on GP practice premises costs
- Provision of communications and patient engagement advice to GP practices

NHS England would be responsible for:

- Management of the national performers list (a list that records the training and qualifications of GP to make sure they are suitably qualified, have up to date training and have passed other relevant checks in order to perform primary medical services)
- Section 7a (Public Health) functions - for example, national screening and immunisation programmes
- Capital expenditure functions - e.g. the allocation of funds for premises improvements
- Administration of payments to a GP in circumstances where the GP is suspended
- Management of the revalidation and appraisal process for GPs
- Various functions in relation to the management of complaints regarding GP services
- National policy decisions relating to the provision of GP services and contract negotiations

Benefits of delegated commissioning

It is widely recognised across the NHS that involving CCGs more in the commissioning of general practice provides an opportunity for offering better, more joined-up care for patients and local populations.

CCGs are already responsible for the majority of commissioned healthcare services (including hospital, community, ambulance and mental health services), yet to date have been unable to fully join up their commissioning plans to cover general practice. Instead, they have had to rely on NHS England Regional Teams to commission GP services, which, due to their regional size, often have less local knowledge than CCGs and not as many strong relationships with local GP practices.

Through delegated commissioning there is the potential to design local solutions which can be more innovative and sensitive to local priorities to support the delivery of the CCG strategic direction to improve the health outcomes for local people.

Should the CCG move into delegated arrangements there is an opportunity for Bedfordshire CCG to work in collaboration with Luton and Milton Keynes CCG, as part of the STP, to put in place shared arrangements to ensure there is both the capability and capacity to effectively discharge the responsibilities associated with delegated commissioning. As part of this work the group have also considered the learning from other CCGs and particularly the experience of Milton Keynes. A paper describing the potential opportunities for working together to deliver aspects of delegated commissioning was considered and supported by the Joint Commissioning Executive in July as part of STP working.

Next steps & Proposed Timeline

In preparation for taking on delegated commissioning, the CCG will need to ensure it has the necessary resources and processes in place. We are working through the financial transfer that would be available to the CCG to deliver primary care commissioning and identifying the risks via Joint Primary Care Co-Commissioning Committee as part of our due diligence.

Over the coming months, we will be working with NHS England to agree on:

- how the CCG will carry out delegated commissioning functions;
- our local approach to GP contract and service quality monitoring;
- our local delegated commissioning decision-making process, including whether some decisions will be delegated to sub-committees or groups.

We will also be sharing further information on our delegated commissioning plans with the public, patients and carers through local Patient Participation Groups, community and voluntary sector groups and Healthwatch and by further updates on the CCG website.

The timeline below identifies a number of key actions required to ensure appropriate development of documentation and governance

Key action	Dates
Discussion with GP member practices re delegation via Locality Boards	June 17
Discussion with Luton and MK CCG re potential collaboration to deliver aspects of delegated commissioning and paper to Joint Commissioning Executive	July 17
Delegated update paper to Governing Body	Aug 17
Membership Forum update with supporting communication briefing	Sept 17
Membership Vote (ballot administered by LMC) closes	9 th Oct 17
Outcome of the Membership Vote published	Oct 17
Should the outcome of the membership vote be in support of delegation	
Paper to Governing Body meeting for consideration	12 Oct 17
Development of application documentation and governance arrangements by Task & Finish Group	Oct - Nov 17
Stakeholder engagement on delegated commissioning application	Oct 17
Sign off by Governing Body of application	2 nd Nov 17
Extraordinary Joint Primary Care Commissioning Committee (JPCCC)	end Nov 17
Submission of application and supporting documentation to NHS England	w/c 4 th Dec 17
NHS England informs CCG re: Outcome of application	Jan 18
Transitional period and due diligence with NHS England	Jan – Mar 18

Finalise amendments to CCG Constitution and Governance	Feb 18
Sign off Delegated Agreement with NHS England	Feb 18
Agree Memorandum of Understanding with Luton and MK CCG re shared arrangements for delegated functions	By March 18
First CCG Primary Care Committee	April 18

Recommendations

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