

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	PRIMARY CARE DEVELOPMENT		
DATE OF DECISION:	30 th JULY 2014		
REPORT OF:	CHIEF OFFICER, SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Stephanie Ramsey	Tel: 023 80296923
	E-mail:	Stephanie.ramsey@southampton.gov.uk	
Director	Name:	John Richards	Tel: 023 80
	E-mail:	John.Richards@southamptoncityccg.nhs.uk	
STATEMENT OF CONFIDENTIALITY			
NOT APPLICABLE			

BRIEF SUMMARY

The delivery of high quality primary care services is a fundamental part of achieving improvements in health and wellbeing within the city and a main contributor to the key themes in the joint Health and Wellbeing Strategy. Expectations on primary care to support a different model of health service delivery are high and ever rising at a time that pressures are increasing and capacity is significantly impacted upon.

There is a recognised need for a clear strategic approach to supporting the development of general practice to create a model of primary care that is sustainable long into the future. The Phase 1 Report of 'A Call to Action for General Practice' describes a model of general practice that operates at greater scale and in greater collaboration with other providers, professionals, patients, carers and local communities. It also pledges to support more efficient ways of working and remove unnecessary bureaucratic burdens on general practice to free up time for delivery of more proactive, person-centred care. General Practice is recognised as a key enabler in the successful delivery of co-ordinated care.

However Primary care is commissioned by several different routes currently and this reduces the ability to develop a coherent strategy for development that is agreed and owned by practices which will help to define the actions to support the improved quality, capability and productivity of primary care and to create capacity to ensure that patients received the very best in primary care.

Clinical Commissioning Groups have the opportunity to co-commission primary care in partnership with NHS England and Southampton City CCG has recently submitted an expression of interest to take on delegated responsibility for commissioning elements of primary care. Co-commissioning is potentially a very useful enabler and is likely to have a significant impact on strategic planning over the next five years.

RECOMMENDATIONS:

- (i) The Board is asked to support the Expression of Interest for Southampton City Clinical Commissioning group undertaking Co-commissioning of primary care with NHS England

REASONS FOR REPORT RECOMMENDATIONS

1. Co-commissioning gives us an opportunity to accelerate progress on the redesign of primary care and link this in with the ambition for integrated care.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. The alternative option would be to do nothing and continue with the current disjointed approach; move to greater CCG involvement in influencing commissioning decisions made by NHS England area teams or joint commissioning arrangements, whereby CCGs and area teams make decisions together, potentially supported by pooled funding arrangements. None of these options will allow the CCG and Health and Wellbeing board to have the influence required to meet the needs of our local population and to make changes to the strategic direction at the scale and pace needed.

DETAIL (Including consultation carried out)

3. In May 2014 Simon Stevens, Chief Executive of NHS England, announced a new option for Clinical Commissioning Groups to co-commission primary care in partnership with NHS England. Clinical Commissioning Groups were asked to submit expressions of interest to develop new arrangements for co-commissioning of primary care services by the 20th June 2014.
4. There are currently three organisations directly contracting with practices for services:
 - NHS England, Wessex Area Team, lead contracting for general medical services and enhanced contracts for additional work plus Public Health Wessex for immunisations and screening
 - Clinical Commissioning groups hold some local contracts for clinical services and local improvement schemes such as phlebotomy
 - Local authorities hold some local contracts for public health related local improvement schemes such as NHS Health checks, chlamydia screening, smoking cessation.
5. The intended benefits of co-commissioning are:
 - achieve greater integration of health and care services, in particular more cohesive systems of out-of-hospital care that bring together general practice, community health services, mental health services and social care to provide more joined-up services and improve outcomes
 - raise standards of quality (clinical effectiveness, patient experience and

patient safety) within general practice services, reduce unwarranted variations in quality, and, where appropriate, provide targeted improvement support for practices

- enhance patient and public involvement in developing services, for instance through asset-based community development
- tackle health inequalities, in particular by improving quality of primary care in more deprived areas and for groups such as people with mental health problems or learning disabilities.

The submission of interest needed to show how they would help with the achievement of these outcomes and how they fit with the Clinical Commissioning Groups' five year strategic plan.

6. Commissioning of primary care encompasses a wide spectrum of activity, including:

- working with patients and the public and with Health and Wellbeing Boards to assess needs and decide strategic priorities
- designing and negotiating local contracts (e.g. PMS, APMS, any enhanced services commissioned by NHS England)
- approving 'discretionary' payments, e.g. for premises reimbursement
- managing financial resources and ensuring that expenditure does not exceed the resources available;
- monitoring contractual performance
- applying any contractual sanctions
- deciding in what circumstances to bring in new providers and managing associated procurements and making decisions on practice mergers.

7. There are a number of potential forms that co-commissioning could take, for instance greater Clinical Commissioning Group involvement in influencing commissioning decisions made by NHS England area teams or joint commissioning arrangements, whereby Clinical Commissioning Groups and area teams make decisions together, potentially supported by pooled funding arrangements.

8. However after detailed consideration by the CCG members and the Governing body the CCG is proposing to move to a position of Delegated commissioning arrangements for the functions outlined above. In this instance the Clinical Commissioning Group will carry out defined functions on behalf of NHS England and the area team will hold the Clinical Commissioning Group to account for how effectively they carry out these functions. The CCG has no desire, or capacity, to take on the transactional operations and activities that are associated with these functions and instead would prefer to agree a contractual arrangement that allows NHS England to discharge these functions on the CCG's behalf.

9. A number of functions were explicitly excluded from the potential Expressions of Interest which included Management of Performers List,

revalidation, appraisals and commissioning for community Pharmacy and Dental services. However the CCG has expressed a willingness to be involved in joint commissioning of Community Pharmacy Services. The current arrangement means that opportunities for the CCG to interact with community pharmacists are limited. There are concerns about the quality and safety of essential services that are difficult to address without a formal role in commissioning the service. Co-commissioning will provide the opportunity to build closer local links that can better support contractors by more focused input from a dedicated CCG-specific Medicines Management Team.

10. The submission was made to NHS England on 20th June and is now being assessed.

RESOURCE IMPLICATIONS

Capital/Revenue

11. To be determined.

Property/Other

12. Not applicable

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

13. There will be delegated authority. The CCG will be held to account by NHS England

Other Legal Implications:

14. Publications Gateway Ref. Number 01599 Co-commissioning of primary care services

POLICY FRAMEWORK IMPLICATIONS

15. Not applicable

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
-----------------------------	-----

SUPPORTING DOCUMENTATION

Appendices

1.	None
----	------

Documents In Members' Rooms

1.	None
----	------

Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	Yes/No
--	--------

Other Background Documents

Equality Impact Assessment and Other Background documents available for

inspection at:

Title of Background Paper(s)

Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)

1.	None	
----	------	--