NHS
Tower Hamlets
Clinical Commissioning Group

January 13th 2015

Background

- In May 2014, NHSE invited CCGs to express an interest in taking on an increased role in the **commissioning of primary care** services.

- **Three models of co-commissioning** were proposed, ranging from greater responsibility for CCGs in primary care decision making as the lowest level of involvement, through to delegated commissioning, the greatest level of involvement and responsibility:

- Following engagement with our membership and Governing Body, we opted to apply for **delegated commissioning arrangements**.

- **Our application was submitted on 9th January 2015** in **partnership with the CCGs across WEL** (Tower Hamlets, Newham and Waltham Forest).

Consideration of risks and opportunities of co-commissioning for WEL?

Risks	Mitigation	Opportunity
Perceived COI in relation to commissioning of services from member practices	Robust governance arrangements with recommendations being provided by the WEL Collaborative Forum. TOR and membership of Committee ensures that COI risk reduced	Opportunity to make local decisions about how services for primary care are commissioned through transparent and robust governance arrangements
Staff resources from NHS England may not be enough once devolved	Core contracting staff to remain as a central team for year 1. Review of tasks vs roles in year 1 in preparation for greater devolution of staffing in year 2.	Local approach to staffing with an emphasis on WEL wide staffing for economies of scale
CCG will need to engage on primary care commissioning issues which will be resource intensive	CCG have existing arrangements in place for engaging local people and are best placed to do so. This will make cross pathway engagement simpler and more meaningful	Brings greater meaning to engagement about out of hospital care for local people as the CCG will have responsibility for all of the portfolio areas
Additional funding to primary care may create pressure on other CCG commissioned areas	The CCG continues to take decisions based on local need and priorities and will ensure that decisions on investment continue to occur in a fair and transparent manner in line with the needs of the local population and in consultation with the CCGs stakeholder engagement groups	Local and not central determination of investment should align funding to the areas of greatest priority and need for local people. Development of locally designed incentive schemes tailored to the needs of the local population.

Our proposed approach – 2015/16

- For year 1 of our new role **we will make decisions about primary care locally**, via a Tower Hamlets Primary Care Committee
- The **Primary Care Committee** will be supported by a **WEL Collaborative Forum** which will make recommendations to CCG committees on the outcome of procurement processes and contract performance management decisions
- We will make use of the **economies of scale** through **sharing staff resources** (NHS E central contracts team and WEL Programme team)
- Our aim for 2015/16 is to adopt a steady state for the transfer of decisions and financial responsibility, ensuring we have the ability to transition in to our new role and maximise the opportunities of bringing commissioning together. Therefore, **we do not intend to make any changes (additions to, or reductions) to the primary care budget for our borough**, nor to carry out any pooling for year one.
- We will continue to carry out WEL wide strategic primary care work through the **Transforming Services Together (TST) programme**, ensuring that we continue to collaborate and to share learning across our boroughs, maximising the benefits of working at scale with strategic work being managed primarily by the WEL Collaborative Forum.

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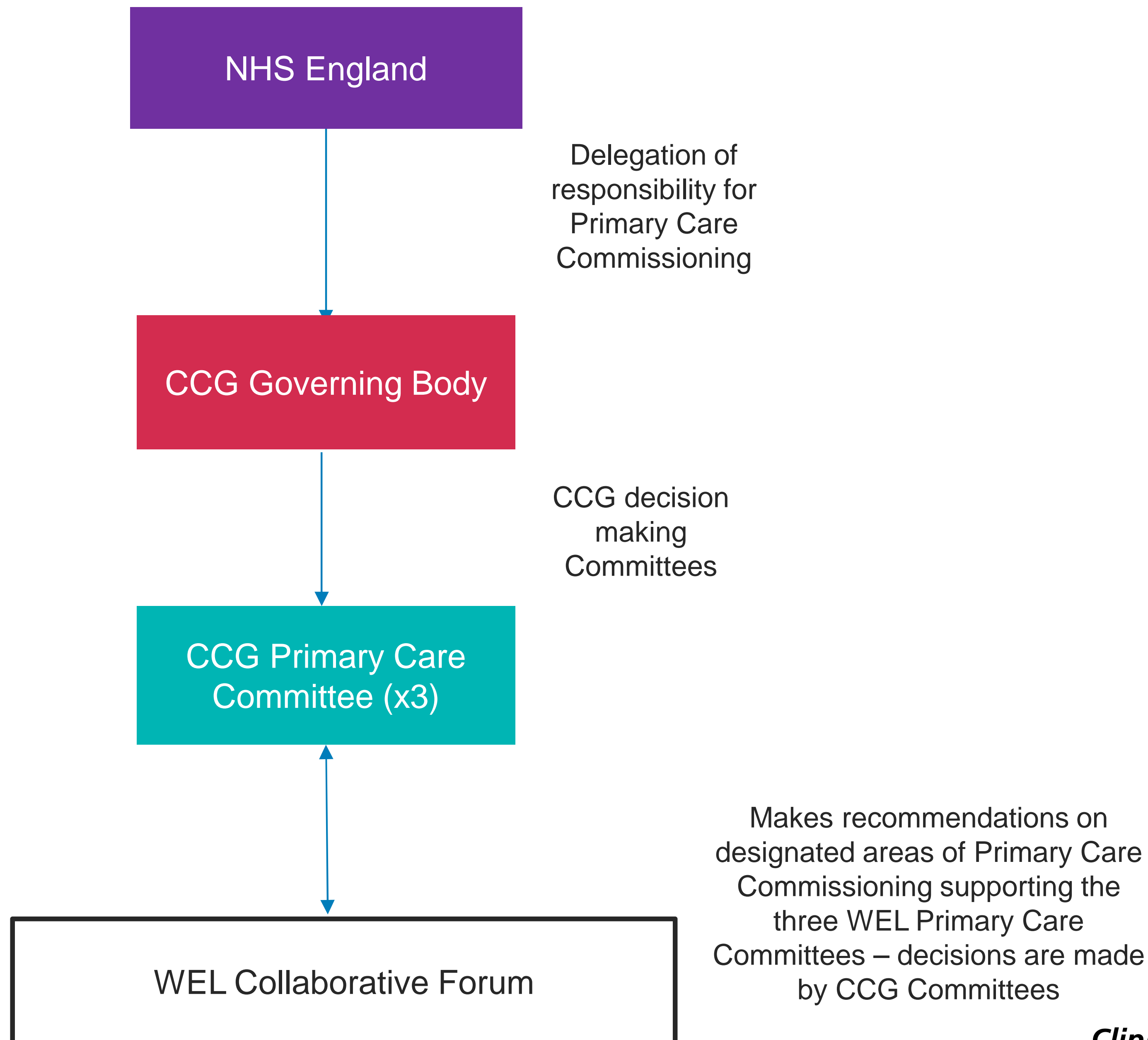
Draft governance for WEL delegation from NHS England



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About the proposed Primary Care Committee

- The Committee will have a Lay/ Executive majority

Voting members:

Lay chair (from CCG)
2 x additional Lay members (recruited Feb – March)
CCG Accountable Officer
Lay vice chair (from CCG)
CCG Chief Finance Officer
Independent Clinical Advisor

Non-voting members:

HWBB Representative (Local Authority member)
Healthwatch Representative
NHS England Representative
Public Health Representative
LMC Representative

- 1 vote afforded to each voting member; Chair will have the second and deciding vote.
- Committee will be Quorate with one third of voting members in attendance; where the voting GP has a conflict of interest, a non-voting GP member will stand as a voting member on the Committee.
- The Committee will operate in accordance with the CCG standing orders.
- The Committee will meet in public monthly, with the first meeting expected to take place in May, following Lay member recruitment and induction.

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Role of the Committee and Collaborative Forum

CCG Primary Care Committee

NHS E delegate to CCG to make decisions on (decisions made by Primary Care Committee):

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers
- Decisions on the management of practice vacancies including whether to disperse or procure
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes)

WEL Collaborative Forum

Areas that the WEL Collaborative Forum may make recommendations upon:

- Recommendations on case by case basis whether a contractual sanction should be taken on a primary medical services contract where a breach may have occurred
- Recommend what the specific contractual sanction should be when breach of contract has occurred
- Recommend outcome of an appeal made by a practice relating to DES, QOF, core contract or discretionary payments
- Recommend what action should be taken when a primary medical service contract is terminated or there is a resignation (i.e. closure, dispersal, transfer, procurement)
- Recommend requests for contract mergers
- Recommend making on award of contract when there is a tender process for a primary medical service contract (APMS, PMS, GMS)
- Recommend what discretionary payments for premises (legal fees, project costs relating to moves/major refurbishment), capital schemes, business cases for new premises or major refurbishment

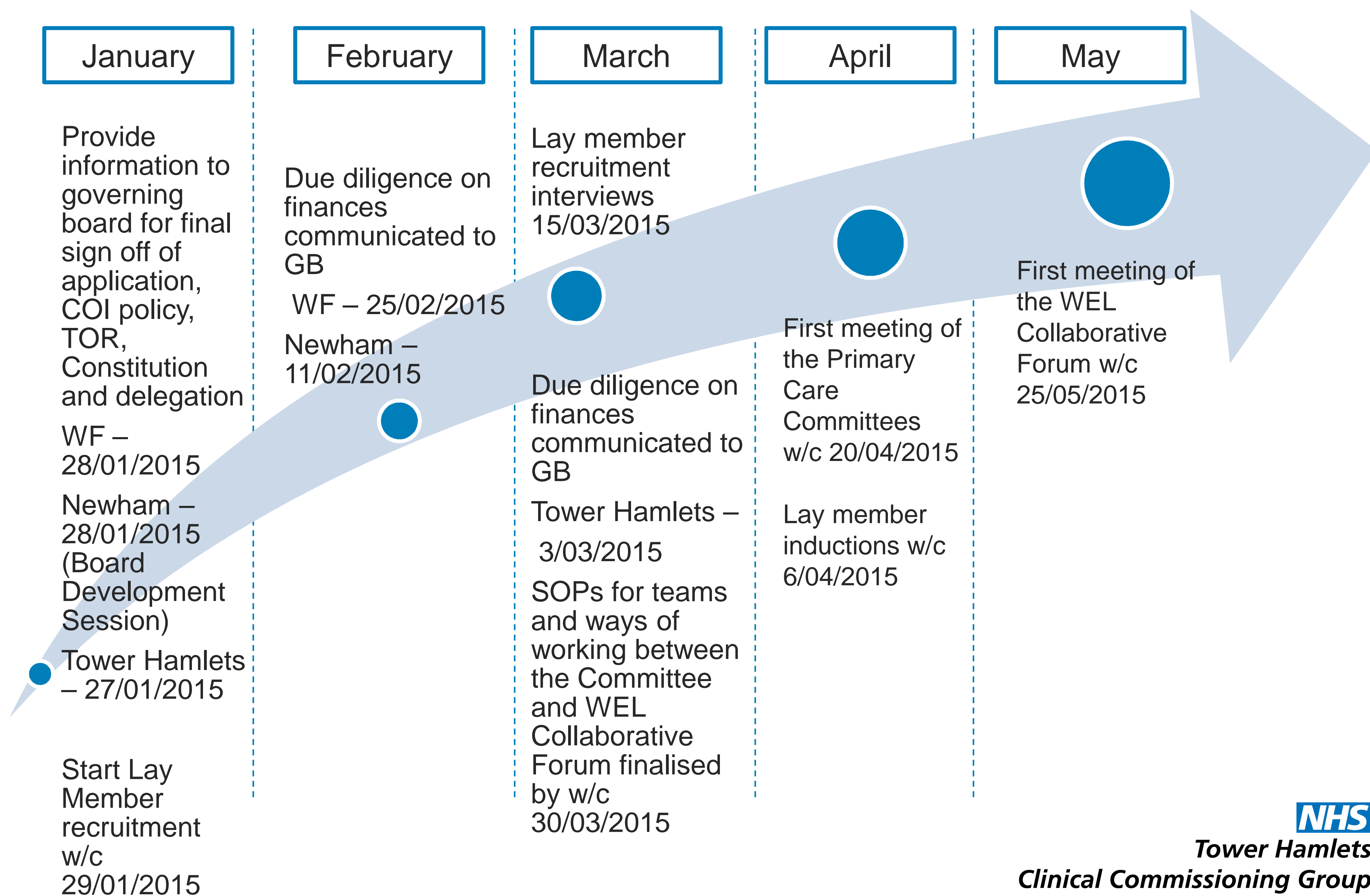
- For year 2 we will seek to identify the scope for more functions that can be carried out across the three boroughs to maximise economies of scale and use of expertise

- We will review the potential to have one Primary Care Committee for WEL in Jan 2016, changing the function of the WEL Collaborative Forum

- We will review the potential for pooling of financial resources, to support the TST primary care programme implementation

- We will identify how we ensure WEL population level improvements to service delivery via new forms of contracting with practices, through a review of QOF incentives and the need to commission an enhanced role for primary care in delivering integrated care

Timeline following 9th January submission



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