General Practice Commissioning in Lambeth

To support the CCG Governing Body in applying for Full “level 3” delegation from 1st April 2017
Background

- NHS Lambeth are currently co-commissioners of primary care with NHS England (level 2)

- NHS England has asked for a decision from all South East London CCGs about whether they wish to move from level 2 towards fully delegated commissioning (level 3)

- CCGs are asked to make initial application by 1st November 2016 with a view to taking full delegation from 1st April 2017

- CCG has considered the benefits and risks and is making a clear recommendation to our practice membership to support this application
Recap on the levels of delegation

**Level 1** Greater CCG involvement in NHS England decision-making
- CCGs and NHSE collaboration
- No new governance arrangements required
- No formal approval process

**Level 2** Joint decision-making by NHS England and CCGs
- Joint responsibilities with NHSE
- New governance - legislative reform order required joint committees - needed CCG constitution change

**Level 3** CCGs taking on delegated responsibilities from NHS England
- CCGs assume full responsibility for primary care commissioning
- Liability remains with NHSE
- Approval process to give assurance of CCG capability
## What would full delegation look like?

<table>
<thead>
<tr>
<th>CCG takes responsibility for:</th>
<th>NHS England retains responsibility for:</th>
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<tbody>
<tr>
<td>GMS, PMS and APMS contracts (including design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breech/remedial notices and removing a contract)</td>
<td>Holding the medical performers’ list</td>
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<td>Designing new enhanced services</td>
<td>Performers’ appraisal and revalidation</td>
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<td>Design of local incentives schemes as an alternative to QOF</td>
<td>Payment and support services</td>
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<td>Establishing new GP practices in an area as appropriate</td>
<td>Complaints</td>
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<td>Approving practice mergers</td>
<td>Commissioning of dental, community pharmacy and eye health services</td>
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<td>Making decisions about ‘discretionary’ payments (e.g. returner/retainer schemes)</td>
<td>Accountability for outcomes and therefore their assurance of CCGs role</td>
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<td>Continued responsibility for discharging our statutory duties, for example those relating to quality, financial balance and public participation</td>
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<td>Establish a Primary Care Commissioning Committee (PCCC) to replace the South East London Joint Committee and to manage conflicts of interest</td>
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Current Commissioning arrangements in London

- 11 CCGs are already fully delegated (level 3)
- 20 CCGs are joint commissioners (level 2)
- 1 CCG has greater involvement (level 1)

- 114 CCGs nationally are fully delegated – just over half of all CCGs
- All six CCGs in South East London are provisionally going for full delegation from April 2017
Benefits of full delegation

- Allows greater control over local decisions affecting primary care informed by local knowledge of services, and supports “Place Based Commissioning”
- Enables clinically led, optimal solutions based on local patient needs
- Enables whole pathway commissioning and service design
- Enables the CCG to shift investment towards prevention from secondary care, closer to home
- Enables the ongoing development of seamless integrated out-of-hospital services
- Offers an opportunity to design local incentive schemes as an alternative to QOF or DESs with local agreement
- Offers an opportunity for outcomes based commissioning in primary care
- Offers more control locally to negotiate and manage the new PMS contracts and GMS equalisation
- Mitigates the risk around the status quo whereby NHS England teams cover a large geographical patch, manage all independent contractors (GP practices, dental, optometry, pharmacy) and face considerable staffing and financial challenges
- Adheres to national policy, trends and commentary which favours full delegation to CCGs
<table>
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<tr>
<th>Risk</th>
<th>Description</th>
<th>Mitigation</th>
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<tr>
<td>Workload and resources</td>
<td>Considerable additional responsibilities will move into the CCG, yet the total shared workforce remains largely the same.</td>
<td>Discussions are ongoing with NHSE to agree what financial and human resource (staff) will follow delegation. Better alignment of teams will enable greater efficiencies.</td>
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<td>Real and perceived conflict of interest</td>
<td>Potential challenges or delays to decision-making due to conflicts of interest in primary care commissioning matters.</td>
<td>Robust governance and conflict of interest protocols are being developed. Findings from already delegated CCGs are that these are surmountable challenges. A move to level 3 will not affect GP’s role in commissioning other care, e.g. urgent, community, mental health</td>
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<td>SEL consistency and alignment with national priorities</td>
<td>Variability in commissioning arrangements across the SEL STP area could make joint working more difficult. Also, despite more local freedoms, CCGs at level 3 will still be expected to deliver key national priorities, such as relating to access and quality</td>
<td>All six SEL CCGs have expressed a provisional appetite to apply for level 3 full delegation, which if ratified by their members and governing bodies, will ensure consistency. The CCG will continue to work with NHSE as they retain accountability for outcomes from primary care towards national priorities through locally preference and sustainable approaches</td>
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<tr>
<td>Financial</td>
<td>CCG would take full responsibility for NHSE Primary Care QIPP requirements. CCG would need to consider Primary Care commissioning priorities alongside other competing priorities.</td>
<td>The CCG is better placed to manage and prioritise this risk through its local operating plan and commissioning intentions in order to achieve its strategic planning goals.</td>
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The wider strategic context

• The national Five Year Forward View has moved ‘into action’ – with place based allocations from this year, new models of care contract frameworks and placed based strategic planning through Sustainability and Transformation Plans

• Lambeth has fully established GP federations – as ‘at scale’ providers for Lambeth general practice

• The GP Forward View has outlined a ‘new deal’ for general practice with significant resources attached

• We have 18 months of level two commissioning experience, sight of future primary care allocations and the learning of others to draw upon

• NHS England (London) review of primary care contracting resources recommends a sub-regional organisation of their teams (e.g. South East London)

• Full delegation provides an opportunity for closer alignment of contractual incentives to achieve our strategy e.g. whole system incentives
Progress to date

- All practice event 2015 indicated majority support for level 2 and support in principle for level 3 application.
- Governing Body recommending an application is made for full delegation
- Full engagement plan agreed
- Assessment of the potential benefits, opportunities, disadvantages and risks
- Ongoing discussions at South East London level to gauge appetite for delegation and share approach and likely outcomes
- Ongoing discussion with NHS England about the potential resources to follow full delegation, including implications of the wider NHSE Organisational Development review
- Early preparation for changes to CCG governance and Conflicts of Interest management
Proposal and next – steps for discussion

Our recommendation is clear and we will engage with member practices and stakeholders before submitting a full application as follows:

- Discussion with GP members through the locality meetings with formal vote
- Discussion with the Lambeth LMC/ Federations / Local Care Networks Board
- Continued discussion with NHS England and SEL CCGs to ensure Lambeth’s views and position are fed into forthcoming allocations of resources, governance structures and organisational development
- Discussion with Lambeth Health and Wellbeing Board
- Engagement with staff and public
- Initial Application deadline is 1st November, final deadline 5th December
- NHS England will notify CCGs of the outcome of their application in January
- Preparation!
Questions, comments and discussion

For further information, please contact:
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