

Date:	Thursday 21 May 2015
Classification:	General Release
Title:	UPDATE ON PRIMARY CARE CO-COMMISSIONING
Report of:	Central London CCG & West London CCG
Wards Involved:	All
Policy Context:	Primary care co-commissioning allows CCGs to become more involved in commissioning local GPs services and, through this, to align the development of primary care with the wider transformation of local health and care services.
Financial Summary:	Not applicable
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1. Executive Summary

- 1.1 This report updates board members on progress made on primary care co-commissioning since their last discussion on this subject in March 2015.
- 1.2 Central London and West London CCGs began joint co-commissioning primary care medical services with NHS England on 1 April 2015. This followed a membership ballot in which all voting practices supported the constitutional amendment required to enable it. The CCGs' governing bodies have approved the necessary governance structures.
- 1.3 Co-commissioning is the key means by which the CCGs can work with NHS England and other stakeholders, including the Health and Wellbeing Board, to improve the provision of primary care services for the people of Westminster.
- 1.4 The first meeting of the Central London and West London joint co-commissioning committee is on 21 May 2015. The CCGs are currently engaging the Westminster Health and Wellbeing Board and Westminster City Council on how they can be more closely involved in the CCGs' new remit over primary care.

2. Key Matters for the Board

- 2.1 Board members are asked to continue their discussion about how they can best participate in primary care co-commissioning in Westminster, to ensure that it benefits from the full range of local expertise and aligns with strategies being implemented across the borough's health and care economy.

3. Background

The context for primary care co-commissioning

- 3.1 In June 2014 NHS England invited CCGs to submit an expression of interest in an increased role in the commissioning of primary care services. The intention was to enable CCGs to improve primary care services for the benefit of local patients.
- 3.2 At that point NHS England commissioned all primary care services, including primary care medical services, ophthalmology, dentistry and pharmacy, specialised services, offender healthcare, and healthcare for people in the military.
- 3.3 Primary care co-commissioning currently refers only to primary medical care services, i.e. GP services.
- 3.4 The NW London CCGs submitted a joint expression of interest in primary care co-commissioning to NHS England in June 2014 and a further submission of draft proposals in January 2015.
- 3.5 Central London and West London CCGs, along with the other North West London CCGs, have opted for joint co-commissioning, in which decision-making is shared with NHS England. This was one of three models set out by NHS England guidelines in November 2014. (See *Next steps towards primary care co-commissioning*, NHS England and NHS Clinical Commissioners, 10 November 2014. Publications Gateway Reference 02501.)
- 3.6 This position was arrived at following extensive engagement with the NHS England local area team, all of the North West London CCG governing bodies, CCG practices, London-wide LMC, and local borough LMC chairs. (LMC is the Local Medical Committee, which represents GPs.)

The vision for primary care in North West London

- 3.7 The North West London CCGs have 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.
- 3.8 Primary care co-commissioning is a governance enabler by which the CCGs can work together to deliver this vision. The ultimate aim 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 these more joined up services; and
- A greater focus on prevention, staying healthy, and patient empowerment.

3.9 The vision is supported by three principles, all of which focus on integrated systems that are co-ordinated around the needs of the patient:

- 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.

3.10 General practice will be the cornerstone for this new way of delivering services, 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.

3.11 Therefore in NW London there is an ambition of achieving sustainable general practice that is supported to deliver the services and high-quality care that local people need. This is designed to respond to a number of challenges being faced by primary care:

- A growing and aging population with increasingly complex health and care needs;
- Variable levels of accessibility and quality of primary care services;
- Workforce challenges with an increasing proportion of general practitioners nearing retirement age and with limited number of clinicians coming into the system; and
- A significant fall in investment in general practice as a percentage of total health spending, with minimal investment into developing and maintaining primary care estates and facilities.

3.12 Given these challenges, in NW London there is an ambition to shift investment into primary care, to achieve sustainable general practice.

3.13 Primary care co-commissioning will be an enabler to helping NW London achieve this vision, by giving local commissioners and stakeholders the ability to:

- Influence 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 deliver the necessary enhanced services in a sustainable way and to limit current variations in quality and access; and
- Influence the necessary investment in primary care estates and workforce to deliver the enhanced role of general practice.

4. Considerations

Governance and next steps

4.1 The CCGs have established a primary care co-commissioning joint committee with NHS England, comprising the following voting members:

Central/West London CCGs		NHS England	
Chair	Ruth O'Hare-Central Fiona Butler-West	Director of Primary Care Commissioning (London)	David Sturgeon
Chief Officer	Clare Parker	Director of Commissioning and Operations (NW London)	Jo Ohlson
Deputy CFO	Helen Troalen	Deputy Medical Director (London)	Mark Spencer
Secondary care doctor	Alan Hakim	Medical Director (NW London):	David Finch
Nurse	Jonathan Webster		
Lay audit chair	Philip Young		
Lay member	TBC		

4.2 The following extract from the joint committee's current terms of reference shows the remit of its functions and responsibilities:

Functions and duties	<p>The role of the Joint Committee includes the following activities:</p> <ul style="list-style-type: none"> • Designing new extended scope services (locally commissioned services), including an additional wrap-around contractual GP offer, to support the delivery of the new model of care for General Practice (in alignment with other NWL out-of-hospital strategies); • GMS, PMS and APMS contracts (including the design of PMS and APMS contracts and, jointly with the NHS England area team, contractual GP practice performance management); • Designing a local incentive schemes as an alternative to the Quality
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	<p>Outcomes Framework;</p> <ul style="list-style-type: none"> • Making recommendations on whether to establish new GP practices in an area; • Making recommendations on practice mergers, plus retirements, dispersals, and contract terminations; and • Making recommendations on discretionary payments (e.g. returner/retainer schemes).
Key responsibilities	<p>The key responsibilities of the Joint Committee will be in strategic planning and coordinating a consistent approach to primary care commissioning in the CCG through:</p> <ul style="list-style-type: none"> • Carrying out local needs assessments and reviews in primary care, as required; • Identifying local needs in primary care based on reports and recommendations from the CCG, local HWBB, NHS England, and Londonwide and local LMCs; • Developing new models of care for general practice and primary care to align with wider local strategic direction; • Developing quality improvement strategies based on reports and recommendations from the CCG, local HWBB, NHS England, and Londonwide and local LMC; • Recommending appropriate mechanisms to support providers in optimum delivery, including: <ul style="list-style-type: none"> ○ Supporting the development of GP networks and federations; ○ Succession and resilience plans; and ○ Strategies for providing additional financial support in primary care. • Co-developing investment criteria and procurement plans across CCG boundaries based on the agreed model of care for general practice and wider local strategic priorities; and • Updating and upholding processes for addressing conflicts of interest related to primary medical services commissioning across NW London, in alignment with statutory national guidance and the member CCGs' constitutions and conflict of interest policies.

4.3 Central and West London's committee will meet in public at the same time as the joint committees of the other six CCGs in North West London. The overlap in committee membership means that there will be 32 voting members in total. Each CCG's committee remains a separate entity and any voting will be undertaken CCG by CCG. This governance structure was designed to strike the right balance between CCG sovereignty and co-ordination across North West London.

4.4 There will, in addition, be non-voting advisors from the LMC and Healthwatch as well as the Health and Wellbeing Boards:

- LMC – There will be two LMC non-voting advisors across the eight committees.

- Healthwatch – The current intention is for the eight Healthwatch committees to provide two representatives to attend the combined joint committee meetings, one from inner NWL and one from outer NWL. The eight Healthwatch committees will discuss primary care issues together either through a separate co-commissioning sub-group (as provided for in the current terms of reference) or through their existing collaborative structures.
- Health and Wellbeing Boards – CCG chairs have written to their Health and Wellbeing Board counterparts to take forward the discussion on how the existing joint work of the CCG and Health & Wellbeing Board, along with other local stakeholders, can be extended more fully into primary care. Additionally, each Health & Wellbeing Board has been invited to nominate a representative to act as a non-voting advisor at the combined joint committee meetings, if this is felt to be the appropriate forum.

4.5 Meeting details and papers will be published on the CCGs' websites.

5. Legal Implications

5.1 The co-commissioning structure and processes are being established with NHS England and in line with national guidance.

6. Financial Implications

6.1 There are no direct financial implications (although the co-commissioning joint committee – see above – is able to take decisions with financial implications, such as the commissioning of new primary care services).

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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APPENDICES:

None.

BACKGROUND PAPERS:

- *Next steps towards primary care co-commissioning*, NHS England and NHS Clinical Commissioners, 10 November 2014. Publications Gateway Reference 02501
- Paper 11 for the Central London CCG governing body agenda for 11 March 2015: <http://www.centrallondonccg.nhs.uk/news-publications/publications.aspx?n=2135>