



Memorandum of Understanding
Co-Commissioning
between
NHS England Lancashire
and
Lancashire Clinical
Commissioning Groups



Memorandum of Understanding (MoU) for Primary Care Co-commissioning between NHS England Lancashire and Clinical Commissioning Groups within Lancashire

Date	V.3 3.8.16
Audience	NHS England Lancashire and Clinical Commissioning Groups
Copy	
Description	An MOU outlining the arrangements for delivering duties in regard to general practice commissioning under primary care co-commissioning, for those CCGs opting for joint or full delegation.
Cross Reference	Next steps towards primary care co-commissioning, November 2014 NHS England Scheme of Delegation
Action Required	Approval and signing
Review	March 2017
Contact Details	Donna Roberts, Senior Contracts Manager, NHS England Lancashire and Greater Manchester donna.roberts1@nhs.net

MEMORANDUM OF UNDERSTANDING

1. Introduction

This memorandum of understanding (MoU) sets out the agreed working arrangements and responsibilities for the delivery of primary care general practice co-commissioning in Lancashire under joint commissioning (level 2) and delegated commissioning (level 3) from 1st April 2016 to 31st March 2017 between:

- NHS England Lancashire
- The following clinical commissioning groups,
 - Blackburn with Darwen Clinical Commissioning Group (level 3)*
 - Blackpool Clinical Commissioning Group (level 3)*
 - Chorley and South Ribble Clinical Commissioning Group (level 3)*
 - East Lancashire Clinical Commissioning Group (level 3)*
 - Fylde and Wyre Clinical Commissioning Group (level 3)*
 - Greater Preston Clinical Commissioning Group (level 3)*
 - Lancashire North Clinical Commissioning Group (level 2)*

2. Key Principles

As outlined in “Next steps towards primary care co-commissioning”:

- It is understood from “Next Steps Towards primary care co-commissioning” that there is no possibility of additional administrative resources being deployed on primary care commissioning services at this time due to running cost constraints from NHSE but individual CCGs may choose to deploy additional resources;
- Pragmatic and flexible solutions should be agreed by CCGs and area teams to put in place arrangements that will work locally for 2015/16;
- In joint commissioning arrangements (level 2) individual CCGs and NHS England always remain accountable for meeting their own statutory duties;
- Delegated commissioning (level 3) allows CCGs to assume full responsibility for commissioning general practice services while NHS England retains residual responsibility for professional performance.

As agreed by the representatives who form Lancashire Co-Commissioning Group

- There is a need for the tasks currently performed by staff employed by NHS England to continue being delivered in 2016/17
- The safe delivery of core functions is essential – this includes payment processes for practices
- The tasks continue to be performed by the core team in 2016/17

- The existing core team agrees practical and effective working relationships with Lancashire CCG's at whatever level of co-commissioning they are authorised.
- NHS England Lancashire will set out an offer for the collective tasks involved in the commissioning of general practice as defined in the task and function list (schedule A)
- The core team is not relocated and remains within NHS England structures.

3. Objectives

The objectives of this document are to agree working arrangements for the delivery of general practice commissioning in respect of:

- CCGs taking on full delegation having access to a fair share of the general practice commissioning team staffing resource to enable delivery of their commissioning responsibilities.
- NHS England Lancashire retaining a fair share of existing resource to deliver all their ongoing primary care commissioning responsibilities, for those CCG's operating at levels 1 and 2 and to deliver on-going primary care responsibilities in relation to the other areas of primary care commissioning (dental, pharmacy and optometry) which are not currently included in co-commissioning.

4. General Practice Commissioning Team

The current general practice commissioning resource will be co-located as a standalone multidisciplinary team delivering a single service offer across the "mixed economy" of CCG commissioning levels. This includes the following resource:

Level	Contracting	Finance
8d	0.6	0.5
8c		
8b	0.96	0.35
8a	1	0.5
7	2	0.8
6	Tbc	0.1
5	Tbc	
Admin (4&3)	Tbc	0.2
Total	5.08	2.45

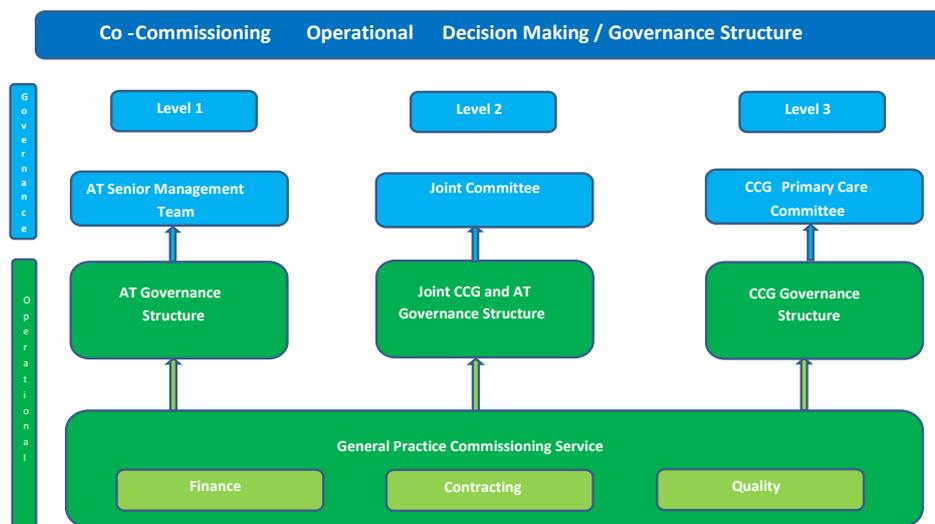
CCG	Weighted population	%	Notional allocation of staff (wte)
Blackburn with Darwen	174645	10.97	0.56
Blackpool	192487	12.09	0.61
Chorley & South Ribble	175829	11.04	0.56
Greater Preston	211102	13.26	0.67
West Lancashire	118654	7.45	0.38
East Lancashire	391888	24.61	1.25
Fylde and Wyre	163096	10.24	0.52
Lancashire North	164092	10.30	0.52
Lancashire Total	1591797	100	5.08

The above figures are purely indicative and will fluctuate over the year dependent on the issues that arise in individual CCG's, the team flexing capacity accordingly and NHS England's capacity in relation to staff turnover.

5. Governance

5.1. Operational Management/Decision Making

The proposed governance structure below articulates a common approach to operational management, decision making and delivery across all CCG's regardless of level. It also facilitates the use of proposed and existing governance structures within those CCG's operating at level 3.



5.2. Co-Commissioning Management Group

It is proposed that a co-chaired (CCG and NHS England) Co-Commissioning Management Group is established to oversee the management of co-commissioning arrangements. Terms of reference attached (schedule B) but would include execution of the following functions:

- Monitor CCG satisfaction with service delivery
- Oversee allocation of staffing resource to CCG's following submission of a request for support for a task or project, over and above core service offer or where a major issue requires.
- Oversee any development of principles and service offer for co-commissioning of pharmacy, dental and eye care in conjunction with LPN's.
- Provide a Lancashire wide view of general practice commissioning
- Undertake an annual review and agree future delivery arrangements.
- Report to the Collaborative Commissioning Board
- Oversee the development of future co-commissioning support which would potentially include all staff in the commissioning team in accordance with the proposed direction of travel outlined in "Next steps towards primary care co-commissioning – November 2014"

- Ensure robust arrangements are in place for maintaining operational stability and managing co-commissioning at all levels.
- Ensure there is a mechanism for agreeing the priorities and delivery of primary care support provided by NHS England Lancashire GP Contracts and Primary Care Finance.
- There is a mechanism for linking the commissioning arrangements to the primary care development and any further developments in delegated commissioning.

Existing groups, (eg Primary Care Leads, Finance Leads) will manage relevant areas of work related to co-commissioning and provide reports as required to the Management Group.

5.3. Strategic and Operational Leads

NHS England Lancashire has nominated strategic and operational leads who will act as key points of contact.

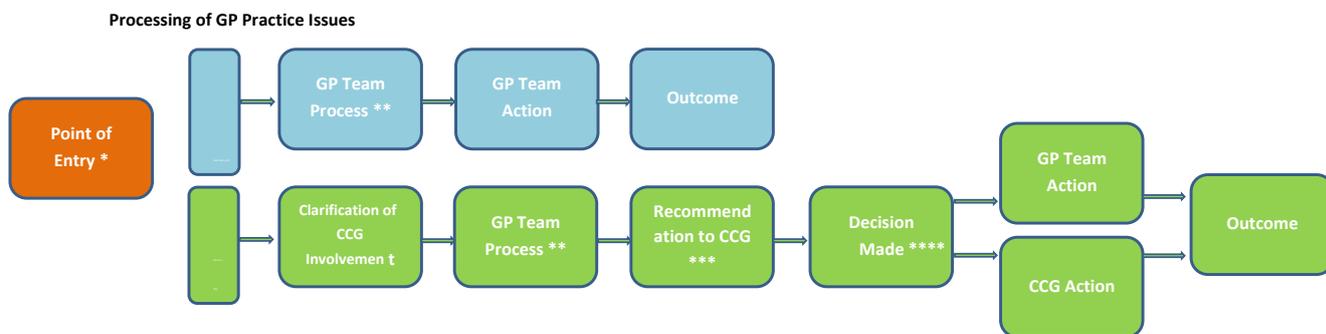
- Strategic leads will represent NHS England on co-commissioning committees (levels 2 and 3).
- Operational leads – will liaise on all operational matters.
- Finance leads – will provide advice and support on any matters relating to GP contracting

6. Service Offer

Delivered by an integrated core team (commissioning, finance and nursing and quality) the General Practice Commissioning Team will continue to enable the contracting and commissioning of general practice to be managed in an efficient and consistent way. Working with CCG's to deliver local commissioning strategies and improve outcomes for patients, through flexible and innovative use of existing contracts and resources.

To maintain consistency and avoid confusion for practices it is proposed that the General Practice Commissioning Team continues to be the first point of contact for all contractual issues. On receipt of any issue the team will follow the process as outlined below. It should be noted that issues will fall in to 2 categories; those which the General Practice Commissioning Team can deal with as part of everyday business in accordance with NHS England policy and procedures and those which require CCGs to make a decision. The table in section 5.1 above describes the governance arrangements for tasks and functions and the Committee which will be responsible for signing off any decisions.

An example scenario is included (schedule c) which relates to a list closure application but the principles would also apply to a range of situations resulting in a contractual change.



* Point at which the Area Team is made aware of an issue pertaining to an individual practice/group of practices/all practices

** In accordance with NHS England policies and procedures, implemented in a consistent approach across Lancashire and Greater Manchester

*** As per the proposed Co-Commissioning Operational Decision Making / Governance Structure

**** Some decisions may be needed in timescales which fall outside of the joint committee / primary care committees thus may need a virtual decision

6.1 Core Services

The General Practice Commissioning Team will deliver the following:

- The functions outlined in the Tasks and functions document (schedule A)
- Service delivery in accordance with NHS England policies or CCG policy where appropriate.
- Reports and recommendations to appropriate governance committees and attendance where appropriate.
- A “named” strategic lead (and deputy) and also a named operational lead to enable the core team to develop a productive working relationship and better understanding of individual CCGs commissioning agendas.
- A standardised / consistent approach to recommendations on “types of decision” across Lancashire.
- Recommendations in line with current national regulations and guidance, including associated risks.
- Contracting advice to support delivery of new models of care / bigger primary care / new provider models.
- Advice on LES’s / DES’s.
- Continue to deliver in accordance with NHS England policy. National policies are currently being reviewed and updated versions are expected to be published in the near future. Once received, these will be incorporated into local arrangements being worked up by NHS England Lancashire to provide for and ensure national consistency.
- Advice on proposed changes to QOF.

6.2 Safeguarding

NHS England must ensure that the health system as a whole is working effectively to safeguard children and adults at risk of abuse or neglect. This role is discharged through the Director of Nursing who has a local safeguarding leadership role. The Director of Nursing is responsible for providing overall assurance to NHS England Lancashire on the effectiveness and quality of the safeguarding arrangements within the NHS in Lancashire.

The N&Q Directorate will:

- Provide the system wide leadership in respect of safeguarding as per legislation
- Ensure any policy changes, new information/materials are distributed to all safeguarding professionals through appropriate networks i.e. designated professionals.
- Seek assurance from all stakeholders and within NHS England to be satisfied that all stakeholders have systems and procedures in place that follow appropriate legislation and guidance to safeguard its population.
- Provide appropriate advice and guidance through the local safeguarding network to ensure appropriate responses to safeguarding issues are in place.

6.3 Complaints

A quarterly report will be provided by NHS England Complaints Service on themes and trends in relation to complaints made by patients and their relatives/carers regarding primary care services in Lancashire. Appropriate information will be provided to each CCG for their own locality.

6.4 Quality Surveillance Group

The aim of the Quality Surveillance Group (QSG) is to identify risks to quality as early as possible, by sharing intelligence between its members; commissioners, regulators and those with a system oversight role.

NHS England provides support and facilitation to local and regional QSGs, including Single item QSGs and Quality Improvement Boards. NHS England Lancashire provides support at a local level and to the NHS England North Regional Team, for the North Region QSG. NHS England Chairs the local QSG meetings, to support the effective operation of QSGs including provision of meeting rooms, arranging meeting dates and ensuring that all parties who need to be involved are included. NHS England Lancashire will provide a data pack for each local QSG meeting which sets out an overview / summary of data from the NHS England Quality Dashboard and any other data provided by QSG members in advance of the meeting. All meeting papers are co-ordinated and distributed by NHS England.

6.5 Patient Experience

Domain 4 of the NHS Outcomes Framework (Ensuring that people have a positive experience of care) is fundamental to improving quality. NHS England Lancashire will support CCGs in their role as co-commissioners of primary care services to determine how best to deliver improvements against this domain within commissioned primary care services and across the wider health care system.

NHS England Lancashire will provide information and guidance on patient experience initiatives e.g. Friends and Family Test and ensure that CCGs in their role as co-commissioners of primary care services are made aware of such initiatives.

NHS England will undertake a national annual survey of GP patients to measure satisfaction and experience of using GP services. The outcomes of the annual survey will be made available on-line.

6.6 Finance

NHS England finance team will undertake

- financial plans based on best available information
- detailed transaction processing to ensure contract payments are made to the correct value and on time
- month end procedures including accruals and forecast estimates
- monthly financial reporting including variance analysis with explanations

The NHS England Finance team will work closely with the CCGs finance staff to ensure appropriate procedures and authorisation in place for transactions. For level 3 CCGs, the CCG will use the information provided to inform their assessment of their financial position and may make amendments as necessary.

In the absence of national guidance, it is assumed that the ultimate accountability for anti-fraud responsibilities lie with NHS England. Procedures and processes will be developed between NHS England and the CCGs to mitigate fraud risk. Individuals should report any suspicion of fraud using their existing mechanisms and also report to NHS England.

On an ad hoc basis, the NHS England finance team may be requested to assist with specific business as usual projects or procurements. Advanced notice of this requirement will be given by CCGs to allow resource to be identified and planned into the work programme for the team. Further support outside of the core provision will need to be considered on an ad hoc basis and may require additional resource commitment from CCGs.

The primary care finance function for NHS England is a resource for the all primary care functions (medical, dental, pharmacy and ophthalmic). Therefore the arrangements for co-commissioning of general medical practice under this MoU are recognised to be delivered from within the capacity for the overall primary care finance function to Lancashire.

6.7 Capital

The NHS England Lancashire GP Contracting Team currently offers advice pertaining to capital schemes in regard of GP practices and is a member of the Lancashire capital working group.

6.8 Information Governance

As per section E of the “Delegation Agreement”

6.9 Performance Reporting

A standardised performance report will be developed for regular submission to CCGs. Frequency and content to be agreed via the Co-Commissioning Management Group.

6.10 Incident Reporting and Management

NHS England has a statutory responsibility to ensure that robust systems are in place for reporting, investigating and responding to serious incidents so that lessons are learned and appropriate action taken to prevent future harm.

The N&Q Directorate will:

- Maintain oversight and surveillance of serious incident management within NHS funded care and seek assurances that providers have systems in place to appropriately manage serious incidents in the care they commission. Feedback from this information will be reported through the Lancashire Quality Surveillance Group, in line with statutory responsibilities and also through the local NHS England co-ordinated Lancashire quality improvement groups, networks and collaborative.
- Review trends and analyse quality identifying issues of concern providing the wider system with intelligence gained and lessons learned. Feedback from this information will be reported through the Lancashire Quality Surveillance Group, in line with statutory responsibilities and also through the local NHS England co-ordinated Lancashire quality improvement groups, networks and collaborative.

6.11 EPRR

To be further developed

6.12 Team Management

Team management will be provided from existing staffing resource and will oversee all General Practice Commissioning Team staff management and development. Staff accountability will be via the senior management of NHS England Lancashire.

6.13 NHS England Support Services

It is recognised that NHS England regional and national teams currently provide a range of support services, which we understand will continue to be available to NHS England staff transacting business on behalf of CCG's. However it should be noted that this is a finite resource and additional capacity may be required:

- HR service and advice (existing staff)
- Procurement support and advice
- Legal advice – advice provided may differ across the levels of delegation
- Communications and engagement support and advice
- Data analytical support
- Shared business services support and advice
- GMS contract support and advice from NHS England Central Team
- PCSS

* For clarity CCGs will not have direct access to NHS England support services.

6.14 Additional Services

In order to support wider primary care commissioning some CCG's may wish to undertake additional or developmental activities related to the commissioning of general practice, which the General Practice Commissioning Team would be well placed to support. This would require additional resource from individual CCG's or a pooled resource to provide a common service to all CCG's. Where appropriate, CCG staffing resources could be co-located with the General Practice Commissioning Team or additional staff employed via the General Practice Commissioning Team. Such activities may include:

- Developing alternatives to QOF
- A higher level of input into supporting delivery of new models of care / bigger primary care / new provider models
- LIS/LES development
- DES reviews
- Development of new contractual models encompassing elements of GMS services
- Input into CCG estates strategies
- Strategic planning
- Support applications for capital funding

7. Key Interactions

To ensure the General Practice Commissioning Team can continue to deliver all the core functions detailed in appendix 1, there are a number of teams / organisations with which strong working links will need to be maintained and strengthened. These include:

- Medical Director, NHS England Lancashire – for all issues regarding individual practitioner performance
- CCG's
- NHS Property Services
- Primary Care Support Services
- Area Team Assurance Team
- Local Professional Networks
- Local Professional Committees.

8. Service Sustainability

NHS England's ability to deliver this MOU is subject to:

- CCGs agreeing to a standardised approach across all 8 CCG's and that any deviation away from this will result in a decreased level of service delivery.
- CCG's agreeing not to fragment the existing staffing resource as this will limit the team's ability to deliver core functions.

9. Scenarios

Schedule B

10. Terms of the Agreement

This agreement and the Management Group referred to in 5.2 above is for the period 1.4.16 to 31.3.17. These arrangements will be reviewed during the period with a view to either agreeing a continuation of the model into future years or its cessation and movement to a new arrangement. The scope of this review would also incorporate a feasibility study into establishing a model for any phase 2 of Primary Care co-commissioning to incorporate Dental, Pharmacy and Optometry services.

11. Signatories

Signed _____ Dated _____
For NHS England Lancashire

Signed _____ Dated _____
For Blackburn with Darwen Clinical Commissioning Group

Signed _____ Dated _____
Blackpool Clinical Commissioning Group

Signed _____ Dated _____
Chorley and South Ribble Clinical Commissioning Group

Signed _____ Dated _____
East Lancashire Clinical Commissioning Group

Signed _____ Dated _____
Fylde and Wyre Clinical Commissioning Group

Signed _____ Dated _____
Greater Preston Clinical Commissioning Group

12. Schedules

Schedule A – Task and Function List



Task and function list
final.xlsx

Schedule B – Co-Commissioning Management Group Terms of Reference



CCMG TOR v5.docx

Schedule C – List Closure Scenario Example



Schedule C -
Scenario List Closure.