



Memorandum of Understanding
Co-Commissioning

between

NHS England Lancashire and
Greater Manchester

and

Lancashire Clinical
Commissioning Groups



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

Date	V.3 17.4.15
Audience	NHS England Lancashire and Greater Manchester 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	January 2016
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 2015 to 31st March 2016, between:

- NHS England Lancashire and Greater Manchester
- 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 2015/16
- 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 2015/16

- 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 and Greater Manchester 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 and Greater Manchester 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

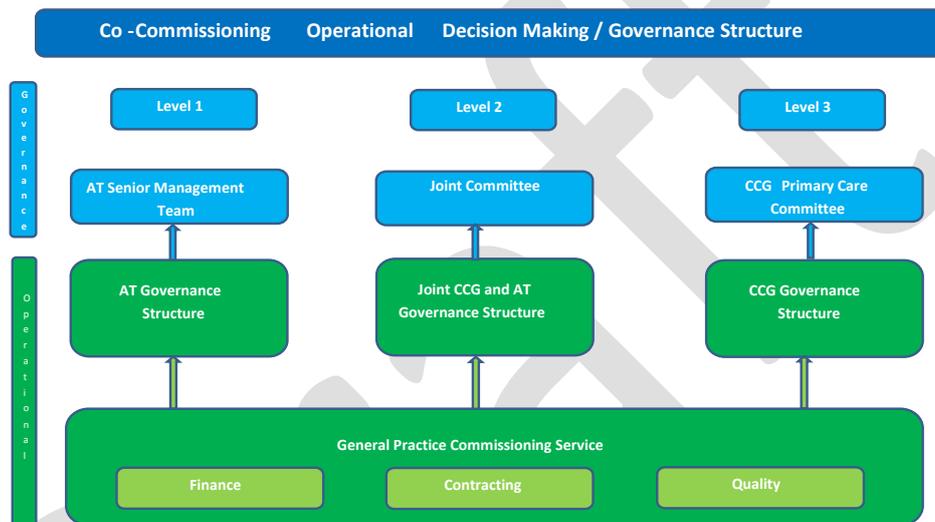
CCG	Weighted population	%	Notional allocation of staff (wte)
Blackburn with Darwen	174645	10.97	0.56
Blackpool	192487	12.09	0.61
Chorley & South Ribble	175829	11.04	0.56
Greater Preston	211102	13.26	0.67
West Lancashire	118654	7.45	0.38
East Lancashire	391888	24.61	1.25
Fylde and Wyre	163096	10.24	0.52
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 delivers 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 transition of and on-going management of co-commissioning arrangements. Terms of reference attached subject to agreement (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.
- Maintain transition oversight through year 1
- 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 a review after 9 months 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. Primary Care Quality Surveillance Group

A primary care QSG will be established by NHS England Lancashire and Greater Manchester. Terms of reference will be developed and agreed.

5.4. 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

5.5. Transition

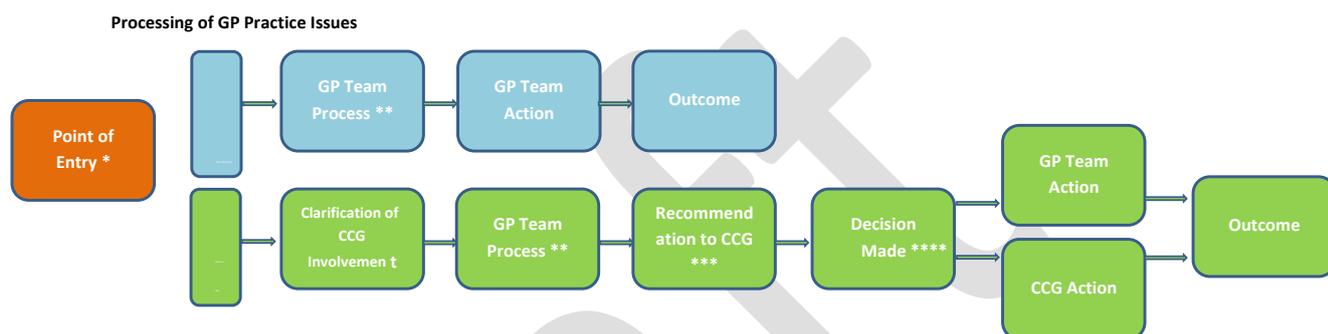
NHS England will arrange to meet with each CCG to provide a summary of all transitional issues currently being dealt with by NHS England that will need to be managed via new co-commissioning arrangements. The GP Contracts Team will also provide a brief document summarising all transitional issues currently being dealt with by NHS England that will need to be managed via these new arrangements. For level 3 delegated commissioning this document will be forwarded to the relevant CCG prior to 31st April 2015 and for all Level 2 joint commissioning CCGs before the date of their first Joint Committee

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

Safeguarding and promoting the welfare of children and adults is the responsibility of everyone who comes into contact with them and their families/carers. All NHS providers including general practice have statutory obligations under Section 11 of the Children Act 2004, Working Together to Safeguard Children 2013 and the Care Bill 2013 to ensure their organisation has arrangements in place to safeguard and promote the welfare of children and adults.

CCG's already have systems in place to monitor compliance with the contractual standards set out in the NHS Provider Safeguarding Audit Toolkit (2015) and Local Safeguarding Policies. It is not anticipated that these arrangements will change post 1st April 2015.

6.3 Complaints

As per the delegation agreement. A quarterly report will be provided by the NHS England Lancashire and Greater Manchester complaints team.

6.4 Capital

The NHS England Lancashire GP Contracting Team currently contributes advice pertaining to capital schemes in regard of GP practices and is a member of the Lancashire capital group. It is not anticipated this will change post 1st April 2015.

6.5 Information Governance

As per section E of the "Delegation Agreement"

6.6 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.

6.7 Incident Reporting

Current arrangements for incident reporting will continue and STEIS reporting shall continue to be managed by the Nursing Directorate of NHS England Lancashire and Greater Manchester.

6.8 EPRR

To be further developed

6.9 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 and Greater Manchester.

6.10 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:

- 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.

6.11 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 and Greater Manchester – 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 are for the period 1.4.15 to 31.3.16. As this is an evolving document quarterly reviews will be undertaken and any amendments signed off by the Co-commissioning Management Group. 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 and Greater Manchester

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



Schedule A - Task
and Function List.xlsx

Schedule B – Co-Commissioning Management Group Terms of Reference



Schedule B -
Management Group T

Schedule C – List Closure Scenario Example



Schedule C -
Scenario List Closure.