

East Lancashire Clinical Commissioning Group

Agenda Item No: 6.1

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| REPORT TO: | PRIMARY CARE COMMITTEE | |
| MEETING DATE: | 20 April 2015 | |
| REPORT TITLE: | Communication with GP Practices | |
| SUMMARY OF REPORT: | The attached letter has been issued to all GP Practices within East Lancashire, advising them that NHS England had informed EL CCG that it had been approved to take on delegated commissioning responsibility (Level 3) for NHS England specified general medical care commissioning functions from 1 April 2015. The letter also outlines the responsibilities of the CCG and NHS E moving forward and key contact points. | |
| REPORT RECOMMENDATIONS: | Members are asked to receive the letter for information. | |
| FINANCIAL IMPLICATIONS: | None | |
| REPORT CATEGORY: | Formally Receipt | Tick |
| | Action the recommendations outlined in the report. | |
| | Debate the content of the report | |
| | Receive the report for information | √ |
| AUTHOR: | Lisa Cunliffe Primary Care Development Manager | |
| | Report supported & approved by your Senior Lead | Y |
| PRESENTED BY: | Sharon Martin Director of Performance & Delivery | |
| OTHER COMMITTEES/ GROUPS CONSULTED: | None | |
| EQUALITY ANALYSIS (EA) : | Has an EA been completed in respect of this report? | N |
| RISKS: | Have any risks been identified / assessed? | Y/N |
| CONFLICT OF INTEREST: | Is there a conflict of interest associated with this report? | N |
| PATIENT ENGAGEMENT: | Has there been any patient engagement associated with this report? | N |
| PRIVACY STATUS OF THE REPORT: | Can the report be shared? | Y |
| Which Strategic Objective does the report relate to | | Tick |
| 1 | Commission the right services for patients to be seen at the right time, in the right place, by the right professional. | |
| 2 | Optimise appropriate use of resources and remove inefficiencies. | |
| 3 | Improve access, quality and choice of service provision within Primary Care | |
| 4 | Work with colleagues from Secondary Care and Local Authorities to develop seamless care pathways | |

Dear Colleague,

Delegated responsibility for commissioning of primary care

As you may be aware, Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. Earlier this year East Lancashire CCG submitted an application for the delegated commissioning of primary care to NHS England Lancashire Area Team. As you will all be aware CCG's had the opportunity to take on additional responsibilities in regard to General Medical Services from the 1st April 2015, at 3 levels:

Level 1 – Greater involvement in primary care decision making

Level 2 – Joint commissioning arrangements

Level 3 – Delegated commissioning arrangements

On the 17 February 2015 NHS England informed East Lancashire CCG that it had been approved to take on delegated commissioning responsibility (Level 3) for NHS England specified general medical care commissioning functions from 1 April 2015.

For the purposes of clarity, I thought it would be useful to set out what the responsibilities of East Lancashire CCG are moving forward, what the responsibilities for NHS England are, and key contact points.

A Lancashire wide Co-commissioning Group consisting of representation from the 8 Lancashire CCGs and the Lancashire and Greater Manchester sub regional team have been meeting since December 2014 and agreed a set of operating principles (Attached at Appendix 1), as well as developing a Memorandum of Understanding which sets out the agreed working arrangements and responsibilities for delivery of primary care general practice co-commissioning in Lancashire under delegated commissioning from 1 April.

Delegated Functions

As from the 1st April 2015, East Lancashire CCG will assume delegated responsibility for decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

- i. decisions in relation to Enhanced Services;
- ii. decisions in relation to Local Incentive Schemes (including the design of such schemes);
- iii. decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
- iv. decisions about 'discretionary' payments;
- v. decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- vi. The approval of practice mergers;
- vii. Planning primary medical care services in the Area, including carrying out needs assessments;
- viii. Undertaking reviews of primary medical care services in the Area;
- ix. Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where

- the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- x. Management of the Delegated Funds in the Area;
 - xi. Premises Costs Directions Functions;
 - xii. Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
 - xiii. Such other ancillary activities that are necessary in order to exercise the Delegated Functions.

Reserved Functions

The Reserved Functions are all of NHS England's functions relating to primary medical services other than the Delegated Functions and include:

- i. management of the national performers list;
- ii. management of the revalidation and appraisal process;
- iii. administration of payments in circumstances where a performer is suspended and related performers list management activities;
- iv. Capital Expenditure Functions;
- v. Section 7A Functions;
- vi. functions in relation to complaints management;
- vii. decisions in relation to the Prime Minister's Challenge Fund; and
- viii. such other ancillary activities that are necessary in order to exercise the Reserved Functions.

Agreed Working Arrangements

In order to support CCG's take forward Co-Commissioning at which ever level they have chosen, the medical contracting team, NHS England Lancashire will continue to undertake the same tasks and functions on behalf of CCGs, as they have done since the creation of NHS England in 2013. To ensure there is no confusion, it has been agreed with all Lancashire CCG's that the medical contracting team will continue to be the first point of contact for GP practices in regard to all contractual queries and issues.

| Name | Job Title | Telephone Number |
|------------------|--|------------------|
| Donna Roberts | Primary Care Contracts Manager | 0113 8254791 |
| Sarah Danson | Primary Care Assistant Contracts Manager | 0113 8254860 |
| Lorraine Boyd | Primary Care Commissioning Support | 0113 8254834 |
| Barbara McKeowen | Primary Care Commissioning Support | 0113 8254777 |
| Emma Bellamy | Primary Care Commissioning Support | 0113 8254795 |
| Pat Wood | Primary Care Commissioning Support | 0113 8254851 |
| Susan Dunnicliff | Primary Care Commissioning Support | 0113 8254868 |

The East Lancashire CCG contact for queries other than contract related queries or issues is Lisa Cunliffe, Primary Care Development Manager. Lisa can be contacted on 01282 644920, or via email: lisa.cunliffe@eastlancscg.nhs.uk.

East Lancashire CCG Primary Care Committee

The CCG has established a Primary Care Committee. This met for the first time on the 16 March 2015. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of delegated powers.

The committee consists of the following members:

- Chair – Lay member
- Lay Member – Governance
- Lay Member – Quality and Patient Safety
- Non- Executive – Secondary Care Consultant
- Chief Finance Officer
- Director of Performance and Delivery
- Director of Quality & Chief Nurse

In addition GP Locality Chairs may be invited to discuss certain items but will have no voting rights and will not be involved in decision making in line with the Conflict of Interest Policy

The following will also be invited in a no-voting capacity:

- Local Health watch Representative
- Local Health and wellbeing Board Representative
- Local Medical Committee
- NHS England Representative
- Director of Corporate Business
- Senior Operating Officer
- CCG Chair
- CCG Chief Clinical Officer

I trust that this update is helpful. We will continue to keep you updated regarding our assumption of delegated commissioning and look forward to working with you to make this as trouble-free as possible, and a success for everyone.

Best wishes

Sharon Martin
Director of Performance and Delivery

**Co-Commissioning of General Practice – Operating Principles – Lancashire
(Agreed by co-commissioning subgroup 28 Nov 2014)**

1. We recognise an existing multi-disciplinary core team undertakes a range of tasks relating to the commissioning of primary care services
 - a. We agree that these tasks need to be performed in 2015/16
 - b. The safe deliver of core functions is key – this includes payment processes for practices
 - c. We propose that these tasks continue to be performed by the core team in 2015/16
 - d. The existing core team needs to agree practical and effective working relationships with the Lancashire CCGs at whatever level they propose to co-commission
 - e. NHS England will set out an Offer for the collective tasks involved in the commissioning of general practice
 - f. We do not propose to relocate the core team with the Midlands and Lancashire CSU
2. CCGs wishing to undertake additional or developmental activities related to the commissioning of general practice need to ensure there are sufficient management resources available to support this.
3. We recognise that individual members of staff will make personal decisions about their careers.
4. In the light of the statements made in 1 and 2 above, the CCGs and NHS England will investigate and evaluate the options for enabling the core team to be better connected to each CCG's commissioning agenda.
5. In relation to the governance of co-commissioning, we will work together towards a consistent approach to the "types of decisions" which would be presented to the delegated or joint committee meeting in public e.g. procurement processes, contract award.
6. We will attempt to facilitate the training and development of lay members in relation to co-commissioning on a Lancashire-wide basis. This will enable a mutually supportive network of decision-makers to develop.
7. We propose to utilise the Collaborative Commissioning Board to share experiences and learning relating to co-commissioning issues such as conflict of interest or procurement.
8. The Area Team will work to resolve outstanding GP Primary Care issues ahead of the 31 March. Any issues that are not able to be fully resolved by this date will be detailed in a written legacy document produced by the AT and shared with the successor CCG.
 - a. All PMS review decisions will aim to be resolved using the current AT & CCG PMS group ahead of 31 March 2015.
9. We will have an open book approach to all data/information pertaining to Primary Medical services.