

## CCG Assurance Framework 2015/16 Delegated Functions - Self-certification

### CCG Name or joint committee of CCGs

**NHS East Lancashire CCG**

Quarter/year to which certification applies **Quarter 2 2015/16**

### 1. Assurance Level

To support ongoing dialogue, CCGs are asked to provide a self-assessment of their level of assurance for each Delegated Function (as appropriate).

	Assurance Level	Change since last period
Delegated commissioning	Assured as good	No change
OOH commissioning	Assured as good	No change

### 2. Outcomes

Briefly describe progress in last quarter towards the objectives and benefits the CCG set out in taking on delegated functions, in particular the benefits for all groups of patients

#### Summary of benefits

- Clinical lead in place to support commissioning of primary care services.
- The CCG is working with GP Practices through emergent federation(s) and locality structures to develop a new model for primary care based on principles that have been co-produced through the engagement and involvement of patients in East Lancashire
- The CCG is engaged with system changes in other areas, such as the Prime Ministers Challenge Fund (PMCF) in Blackburn with Darwen, which has the potential to impact on design in East Lancashire.
- The 2 CCGs are liaising at executive level to ensure coherence across the Pennine Lancashire system, this includes in particular a shared need to consider the Urgent and Out of Hours care elements of future models.
- In East Lancs we are reviewing existing funding streams, particularly those which support urgent/same day access to primary care that could be realigned with a view to providing the capacity needed to deliver a new model of primary care.
- The CCG are working towards the introduction of a single framework over and above core GMS from 1 April 2016 incorporating a set of standards that consolidate a number of existing schemes in addition to new/enhanced standards for primary care.

Anticipated benefits include:

- A single framework across general practice
- A reduction in unwarranted variation across General Practice
- Improved health outcomes
- Reduction in the administrative burden for both GP practices and the CCG
- Improved resource utilisation
- An increase in equitable investment in General Practice

- The CCG has established a primary care workforce development group with a view to developing a primary care workforce development strategy which will support the implementation of a new model of care as it develops locally. The group has and continues to work in close collaboration with HENW to map the existing primary care workforce, explore and support the development of roles new to primary care e.g. Physicians Associates and Clinical Pharmacists, to maximise effectiveness of GP training programme locally and to explore funding streams to support increased capacity and capability
- The CCG are developing a Quality Strategy for Primary Care in East Lancashire with a view to supporting continuous quality improvement, reducing unwarranted variation and improving the health and health outcomes of the population of East Lancashire. This will include:
  - Development, implementation, monitoring and ongoing review of a Quality Framework for General Practice
  - A process for the monitoring, review, support and escalation of quality issues relating to General Practice
  - Support for CQC inspections and regulation in General Practice
- An estates strategy is now under development
- Comprehensive patient engagement has been undertaken around the development of a future vision for Primary care, which is helping to inform the re-design process.
- The CCG is working in close collaboration with NHSE colleagues to implement Co-commissioning with a view to enabling the delivery of large scale transformation

**3. Governance and the management of potential conflicts of interest in relation to primary care co-commissioning (this section should be completed by those CCGs which undertake joint commissioning with NHS England as well as those that have delegated commissioning arrangements)**

	Co-commissioning	OOH commissioning
Have any conflicts or potential conflicts of interest arisen during the last quarter?	Yes	No
If so has the published register been updated?	Yes	No
Is there a record in each case of how the conflict of interest has or is planned to be managed?	Yes	Not applicable
<b>Please provide brief details below and include details of any exceptions during the last quarter where conflicts of interest have not been appropriately managed</b>		
N/A		

#### 4. Procurement and expiry of contracts

**Briefly describe any completed procurement or contract expiry activity during the last quarter in relation the Delegated Functions and how the CCG used these to improve services for patients (and if and how patients were engaged). <maximum 250 words per Delegated Function>**

There have been no procurements during the second quarter of 2015/16, however the CCG is developing a new APMS specification and will be going to procurement in January 2016.

Patients within the practices have been engaged and communicated with by letter. Further patient engagement will be undertaken during the procurement programme.

Agreement of the date when the PMS premium will be withdrawn along with the plan on re-investing the premium back into primary care through the developing local quality scheme planned to commence in April 2016.

In addition East Lancs have visited 9 out of 11 PMS Practices to see if they are providing enhanced services and/or quality or providing services to special populations with a view to informing a reinvestment strategy. Those remaining two practices not visited were offered a visit but declined in favour of submitting a written statement. From 1 April 2016 PMS Premium will begin to be withdrawn from core PMS contracts over a five year period ending 31 March 2021 in line with GMS and the national direction for equalisation of core GP funding.

The CCG will reinvest the PMS Premium resource equitably across General Practice from 1 April 2016 mainly through the Quality Framework in addition to appropriately identified and commissioned Primary Care Enhanced Services

#### Local Incentive Schemes

Is the CCG offering any Local Incentive Schemes to GP practices?	Yes
Was the Local Medical Committee consulted on each new scheme?	Yes
If any of those schemes could be described as novel or contentious did the CCG seek input from any other commissioner, including NHS England, before introducing?	No
Do the offered Local Incentives Schemes include alternatives to national QOF or DES?	No
<i>If yes, are participating GP practices still providing national data sets?</i>	No

**What evidence could be submitted (if requested) to demonstrate how each scheme offered will improve outcomes, reduce inequalities and provide value for money?**

The existing Local Quality Improvement Schemes e.g. Cancer, Dementia, Advice and Navigation and Access all have detailed services specifications and are monitored and reviewed in line with these. It is anticipated that from 1 April 16 these schemes will be incorporated in the new Quality Framework for General Practice.

## 5. Availability of services

**Briefly describe any issues raised during the last quarter impacting on availability of services to patients (include if and how patients were engaged).**

No issues raised during the last quarter

	Delegated commissioning	OOH commissioning
How many providers are currently identified by the CCG for review for contractual underperformance?	0	0
And of those providers, how many have been reviewed and there is action being taken to address underperformance?	n/a	n/a
During the last quarter were any providers placed into special measures following CQC assessment?	No	No

**If yes, please provide brief details of each case and how the CCG is supporting remediation of providers in special measures**

In the last 12 months has the CCG published benchmarked results of providers OOH performance (including Patient experience)

No

If yes, please provide link to published results:

## 6. Internal audit recommendations

	Co-commissioning	OOH commissioning
Has internal audit reviewed your processes for completing this self-certification since the last return?	No	No
<b>If so, what was their conclusion and recommendations for improvement?</b>		
N/A		

**Use this space to detail any other issues or highlight any exemplar practice supporting assurance as outstanding**

## 7. CCG declaration

I hereby confirm that the CCG has completed this self-certification accurately using the most up to date information available and the CCG has not knowingly withheld any information or misreported any content that would otherwise be relevant to NHS England assurance of the Delegated Functions undertaken by the CCG.

I confirm that the primary medical services commissioning committee remains constituted in line with statutory guidance.

I additionally confirm that the CCG has in place robust conflicts of interest processes which comply with the CCG's statutory duties set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012), and the NHS England statutory guidance on managing conflicts of interest.

**Signed by Dr Michael Ions CCG Accountable Officer**



Name: Dr Michael Ions  
Position: Chief Clinical Officer  
Date: 02/12/2015

**Signed by David Swift Audit Committee Chair**



Name: David Swift  
Position: Governing Body Lay Member for Governance  
Date: 02/12/2015

Please submit this self-certification to your local NHS England team and copy to [england.primarycareops@nhs.net](mailto:england.primarycareops@nhs.net) using the email subject 'Delegated functions self-certification.'