City of Westminster

Westminster Health & Wellbeing Board

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Title:	**Primary Care Co-commissioning in North West London: Update for Westminster Health and Wellbeing Board**
Report of:	**Chair of Central London Clinical Commissioning Group (CLCCG)**
Wards Involved:	**CLCCG Coverage**
Policy Context:	**Health**
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1. Executive Summary

1.1 The Westminster Health and Wellbeing Board has been briefed on the essentials of primary care co-commissioning in North West London: what it means, how it could work, the anticipated benefits for patients, and proposed governance. A short summary in FAQ form appears under the Appendix A. This short paper updates the board on three specific key areas:

- The involvement of Health and Wellbeing Boards (alongside Healthwatch) in co-commissioning;
- Recent changes to governance proposals following guidance clarifications from NHS England; and
- Engagement and member voting.

(Please refer to Appendix A for details).

2. Key Matters for the Board's Consideration

2.1 Continue conversations between the Board or its representatives and local commissioners of primary care for NW London on the future role of local HWBBs in primary care co-commissioning; in the context of pursuing "joint" co-commissioning arrangements for 1 April 2015 and then to explore a potential move to future "delegated" co-commissioning.

3. Background

3.1 Following the release of further national guidance in November 2014, the North West London CCGs considered that "delegated" co-commissioning arrangements would best meet local needs. This was reflected in their application made to NHS England in January 2015. Following feedback on the application, the CCGs determined that the necessary actions could not be undertaken within the timelines required with the full engagement of member practices. The CCGs therefore jointly determined it was preferable to pursue "joint" co-commissioning arrangements for 1 April 2015 and then to explore a potential move to future delegation.

4. Legal Implications

4.1 Nil.

5. Financial Implications

5.1 Nil.

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

Appendix A: Primary Care Co-Commissioning in North West London (Please see below).

Appendix A: Primary Care Co-Commissioning in North West London

A detailed update was provided at the January 2015 Westminster Health and Wellbeing Board covering the essentials of primary care co-commissioning in North West London; this is a further update in that context. A short summary in FAQ form appears below.

1. **The Involvement of Health and Wellbeing Boards**
   The CCGs of North West London all believe that co-commissioning will be made stronger through the close involvement of their local Health and Wellbeing Boards. There is also provision for this (as well as for the involvement of Healthwatch) in the statutory guidelines, which states that CCGs must issue a standing invitation to their local Health and Wellbeing Board (and Healthwatch) to appoint representatives to attend commissioning committee meetings. For North West London, this means sixteen representatives who, practically, could each have only a very limited role on any co-commissioning committee. The CCGs have therefore proposed that a representative from each Health and Wellbeing Board in North West London will, alongside Healthwatch, form an additional group to steer and review the work of the CCGs and NHS England in the co-commissioning of primary care. This group will then nominate four of its members, two from the HWBBs and two from Healthwatch, to attend the commissioning committee (however this is constituted – see below) as non-voting advisors. One HWBB advisor will be from CWHHE CCG Collaborative and one will be from BHH CCG federation which make up the North West London eight CCGs. The group will be serviced by the co-commissioning secretariat.

2. **Recent Changes to Governance Proposals**
   Following clarification issued by NHS England on 18 February 2015, North West London's intended governance arrangements for co-commissioning have had to be revised. The eight CCG Chairs are now consulting over a range of alternatives. The outcome of this process is expected to be finalised on Friday 27 February 2015 and will then be communicated to member practices and other stakeholders.

3. **Engagement and Member Voting**
   A CCG can enter into co-commissioning arrangements only with the explicit support of its member practices. The CCGs have therefore each undertaken a process of engagement with GPs ahead of the ballots to ensure that they are in a position to cast informed votes. So far this has taken the form of a variety of GP events and the distribution of information packs and FAQs. Once all proposals for co-commissioning are finalised, members will also receive the terms of reference for the new governance structure and addendum to their CCG's conflict of interest policy (which must be formally approved by governing bodies) and the constitutional amendment required to enable co-commissioning (which member practices must approve).

1. What does it mean?

Primary care co-commissioning is about bringing more local influences into the commissioning process.

The current state

NHS England commissions all primary care, with policy driven by national considerations and limited local influence.

The future state

… with co-commissioning:

A commissioning committee will be formed, comprising the CCGs and NHS England. Its role will be to drive the development of primary care across NW London and to ensure its alignment with improvements taking place elsewhere across the health economy.

… without co-commissioning:

NHS England will retain responsibility for commissioning primary care. From 1 April 2015 all GP contracting will be done on a London-wide basis, rather than for North West London as at present. This means that there is no status quo.

2. What's it all for?

The NW London vision for health and social care places GPs at the centre of organising and coordinating care for people seven days a week.

Co-commissioning is a means of driving this change, supported by sustainable primary care investment and local decision-making.

Co-commissioning will allow us to overcome many of the limitations of the current system, which are hindering progress towards our vision.

In doing so, we believe that we can unlock the following patient benefits:

- Services that are joined up, coordinated and easy for users to navigate around, with more services available closer to home;
- High quality out-of-hospitals care; and
- Improved health outcomes, equity of access, reduced inequalities and better patient experience.

3. How would it work?

As noted above, the CCG chairs are currently consulting on revised governance options, following clarifications issued by NHS England on 18 February.

However, we know already that any commissioning committee will have a lay chair and vice chair, as well as a lay/executive majority.

We also know that it will have no remit over the negotiation of the GMS contract, which will remain a national process.

One key task for the commissioning committee (however constituted) will be to develop a wrap-around contract that sits on top of GMS. It will also develop NWL-wide approaches to issues such as primary care estates investment.

These are issues into which there is currently very limited local input.

Joint co-commissioning can be introduced only with the explicit endorsement of CCG member practices.

4. What about the resource implications?

Under joint co-commissioning, the role of a commissioning committee is to make decisions. The execution of decisions remains with NHS England, as do tasks like contracting and making payments and various corporate functions.

This means that the local resource implications are mainly related to running the commissioning committee.

The real resource challenge would come with delegated co-commissioning, under which the CCGs would take over many of NHS England's functions.

Before a shift to delegated co-commissioning could be proposed, the CCGs would work through the precise resource implications, in order to avoid placing unmanageable strain on CCG staff and risking a deterioration in the quality of commissioning and the services provided to GP providers.

5. And conflicts of interests?

Our view is that local GPs are well experienced in handling potential conflicts of interest and that this is not a significant stumbling block to effective co-commissioning. Nevertheless, we will be abiding by the national guidelines that include an addendum to CCGs' existing conflict of interest policy, which covers membership of the commissioning committee (most significantly, a lay/executive majority) and record keeping for conflicts of interests and procurement decisions.

6. Finally, why now…?

We are mindful of the uncertainties still surrounding co-commissioning.

But structural changes at NHS England mean that there is no status quo. We therefore want to seize the potential local advantages of co-commissioning whilst helping our GPs to avoid the likely disadvantages of the shift to London-wide contracting. At the same time, our involvement is already shaping NHS England's approach to co-commissioning in line with local GPs' concerns.