

<b>Date:</b>	19 November 2015
<b>Classification:</b>	<b>General Release</b>
<b>Title:</b>	Primary care co-commissioning
<b>Report of:</b>	Central London CCG and West London CCG
<b>Wards Involved:</b>	All
<b>Policy Context:</b>	Primary care co-commissioning has brought CCGs into the commissioning of local GPs services and, through this, enables them to align the development of primary care with the wider transformation of local health and care services.
<b>Financial Summary:</b>	Not applicable
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## 1. Executive Summary

- 1.1 This paper updates the board on developments in primary care co-commissioning since its last discussion about this area. It covers the governance structure for co-commissioning (including representation from this board), the review of all general practice PMS contracts now underway and being led by NHS England, and the design and roll-out of new local models of primary care.
- 1.2 An invitation has been extended by the CCGs to the board to nominate a representative to attend their co-commissioning meetings as a non-voting advisor.

## 2. Key Matters for the Board

- 2.1 The board is asked to note and discuss the content of this report.

## 3. Background

- 3.1 Primary care co-commissioning launched in Westminster (and across North West London (NWL)) on 1 April 2015. This followed a period of intense engagement by both CCGs with their local GPs and then CCG-based membership votes emphatically in favour of taking this step. Since then the CCGs' co-commissioning joint committees (see below) have concentrated on the development of new models of primary care, the PMS review, and the finalisation of CCG-level and NWL-wide governance structure.

#### **4. Considerations**

##### *The structure for co-commissioning in Westminster and across North West London*

- 4.1 Central London CCG and West London CCG have been co-commissioning primary care medical services (GP services) with NHS England since April 2015. This includes both the setting of strategic direction and individual contracting decisions. The move to joint co-commissioning followed a long period of engagement with GPs in Westminster and votes by the two CCGs' member practices and governing bodies.
- 4.2 Co-commissioning is designed to support the realisation of the CCGs' vision for primary care in Westminster, which places GPs at the centre of organising and coordinating care for people, seven days a week, through both individual practices and practice networks. By aligning this work with transformation work across NWL, co-commissioning is designed to achieve the following outcomes for patients:
- services that are joined up, coordinated, and easily navigated, with more services available closer to people's homes;
  - high quality out-of-hospital care;
  - improved health outcomes, equality of access, reduced inequalities, and better patient experiences; and
  - enhanced local patient and public involvement in developing services, with a greater focus on prevention, staying healthy, and patient empowerment.
- 4.3 The CCGs have each established a co-commissioning joint committee, comprising lay, clinical, and executive members from both the CCG and NHS England. This joint committees will have two types of meeting: –each CCG joint committee will operate individually for decisions that impact only on their own populations and the eight joint committees from across North West London will be for common strategic issues where decisions have an impact across the eight CCGs.
- 4.4 The Central London CCG and West London CCG joint committees have met three times (in common with the other NWL joint committees) according to terms of reference agreed by the governing bodies. This month, the two governing bodies considered refreshed terms of reference that also make provision for the local joint committee meetings. These contained the following main provisions (subject to approval) for each joint committee:

- The membership and quorum of the joint committee will contain for all meetings a combination of lay, clinical, and executive members from Central London CCG and NHS England.
- Local meetings of the joint committee will be chaired by a CCG lay member.
- The committee will aim to make decisions by consensus wherever possible. Where this is not achieved, a voting method will be used in which the voting power of each individual present is weighted so that each party (CCG and NHS England) possesses 50% of the total voting power.
- The Health and Wellbeing Board and Healthwatch are both entitled to send representatives to joint committee meetings as non-voting advisors.
- For local meetings of the joint committee, the CCG is able to appoint any number of additional local stakeholders as non-voting advisors to inform discussions.
- The CCG and NHS England are committed to ensuring that the public voice is reflected in the decisions taken through primary care co-commissioning. This is enabled through membership of the joint committee and attendance at meeting, as well as through the intrinsic approach taken to the areas of business to be dealt with (as per the NHS operating framework). Additionally, the joint committee meets in public and the terms of reference contain a series of other provisions designed to maximise public transparency.
- When the eight joint committees from North West London meet together in common, they meet at the same time and place, to the same agenda, and are presided over by a single meeting chair – but each joint committee retains its individual decision-making authority.
- Decisions will be taken by the joint committee in the areas shown in the table below (which also notes in which areas decisions can be taken outside the joint committee according to standing operating procedures ('approved policies') and where urgent decisions, as defined in NHS England's London-wide operating model, might be required).

Name	Function	Joint committee decisions needed	Decision possible with approved policy	Potential need for urgent decisions
Determination of key decisions or requests	List closure			
	Practice mergers / moves			
	Boundary changes			
	Securing services through APMS contracts			
	PMS (reviews, etc.)			
	Discretionary payments			
	Remedial and breach notices			
	Contract termination - e.g. death / bankruptcy / CQC			
	Contractual changes (contentious / important)			
	Contractual changes (transactional)			
Financial Processes	Ensuring budget sustainability			
	Management accounting			
Strategy and Policy	Securing quality improvement			
	Developing and agreeing outcome framework – e.g. LIS			
	Securing consistent population based provision of advanced and enhanced services			
	Premises plans, including discretionary funding requests			

- 4.5 National guidance entitles a representative from this board to attend joint committee meetings as a non-voting advisor.
- 4.6 At their September meeting, the eight NWL joint committees discussed a range of issues relevant across the eight CCGs, including the PMS review and approaches to developing new local models of primary care. These are described in more detail later in this report.
- 4.7 There will be no move to delegated co-commissioning (under which primary care medical services budgets come under full CCG control) without broad engagement of all stakeholders, including this board. As with joint co-commissioning, moving to delegated co-commissioning would require approval through votes of GP practices and the governing body in both Central London and West London.

#### *The review of PMS contracts*

- 4.8 NHS England is leading a national review of all GP PMS contracts. Given the advent of co-commissioning, making decisions about the future shape of these contracts is now a joint responsibility of the CCG.
- 4.9 PMS (Personal Medical Services) are a type of GP contract introduced in 2004 to support Primary Care Trusts to commission additional services from GPs, linked to the specific needs of local populations. They exist mainly in contrast to GMS

contracts, which provide for 'core' GP services. Nationally, PMS practices attract approximately £14 of additional funding per patient.

- 4.10 Both West London CCG and Central London CCG have a relatively high concentration of PMS contracts – 16 out of 35 and 22 out of 51 respectively.
- 4.11 The purpose of the review is to ensure that this additional investment, or 'premium' funding, represents value for money. It should also:
- reflect joint NHS England /CCG strategic plans for primary care;
  - secure services or outcomes that go beyond what is expected of core general practice or improve primary care premises;
  - help reduce health inequalities;
  - give equality of opportunity to all GP practices (i.e, PMS, General Medical Services (GMS), and Alternative Providers Medical Services (AMPS)), provided they are able to satisfy the locally determined requirements; and
  - support fairer distribution of funding at a locality level.
- 4.12 Any savings released from current PMS contracts as a result of this review must be reinvested into general practice and support increased equality in the primary care offer to all patients in Westminster.
- 4.13 The PMS review offers a good opportunity to deliver and embed aspects of the London-wide *Strategic Commissioning Framework* (SCF) across London PMS practices and GMS as services are equalised. The SCF is a view of how primary care in London should function to be accessible, co-ordinated, and proactive and developed using public, clinician and stakeholder feedback through an extensive engagement process. NHS England is now drawing from the SCF a draft menu of specification options that could be commissioned as services over and above the basic requirements of practices, with money released from PMS contracts (and other sources if available). The options are believed to be appropriate for commissioning at a practice level, measurable, and able to make a real impact on services to patients.
- 4.14 The co-commissioning joint committees discussed the PMS review at their June and September meetings. NHS England set out the background to and rationale for the review, with committee members emphasising the need to prioritise the improvement of patient services and alignment with other initiatives. London wide LMCs were involved in these discussions and will be further engaged in advance of practice-level discussions.
- 4.15 The NWL CCGs have mobilised a PMS review steering group, which will undertake the work required for the eight joint committees to make decisions about a NWL-wide strategic approach to the review. The group is convened and chaired by NHS England and comprises lay, clinical, and executive members from the CCGs. It will make recommendations to the CCGs' joint committees.

- 4.16 A key issue for the PMS review is that its outputs support ongoing work to design and develop a new model of primary care for Westminster, in turn based on the *Strategic Commissioning Framework* (SCF). This is challenging, given the schedule for the PMS review, which requires completion by the end of March 2016 (with the possibility of a short extension). The CCGs and NWL-wide primary care transformation team are currently working on the detailed planning required to align the different pieces of work.

#### *Designing and implementing a new model of primary care for Westminster*

- 4.17 The coincidence of the PMS review process and the influence of the SCF on general practice over the coming months and years mean that this is the best possible opportunity to consider what primary care should look like and deliver for Westminster residents.
- 4.18 In parallel with other CCGs in North West London, Central London and West London CCGs are developing new models of primary care with the aim of enabling people to receive high quality, responsive care that is appropriate for their individual needs in a location closer to home and at time when it is more convenient for them.
- 4.19 The new models of primary care aim to ensure that people who are generally healthy have easier access to services outside of work hours at locations that are convenient to them, with online access to appointment booking and their own care records.
- 4.20 People with complex conditions will also experience continuity and planned coordination of care as facilitated by their GP or lead clinician, who they know and trust, supported by a wider multi-disciplinary team. All patients will experience better access to preventative services, health promotion and advice.
- 4.21 A guiding principle for this work is to ensure that general practice is sustainable, both in terms of funding and the workforce required to deliver and support care. One of the ways that general practice in Westminster has sought to address these challenges is through practices coming together to operate at scale as GP federations. This enables practices to scale up benefits for patients, improve access (including in the evenings and at weekends), and to deliver value for money by sharing some functions (e.g. HR, IT and patient booking) – whilst retaining the fundamental attributes of general practice delivering continuity and integrated care for people.
- 4.22 Across Westminster, there are now two GP federations that cover the whole population. The West London GP Federation comprises 53 practices, and Central London Healthcare comprises 37 practices. These new types of provider present the opportunity to deliver existing primary care services differently, or to extend the services available.
- 4.23 The two CCGs are currently beginning essential engagement on:

- the local vision for primary care;
- what outcomes are needed to meet the needs of residents;
- what services should be included; and
- how these models can be implemented.

4.24 These conversations are also taking into account important enablers, such as:

- the primary care workforce;
- the estate that services are being provided in and from;
- availability of extended access;
- IM&T infrastructure – including data sharing and patient online service.

4.24 Common themes are emerging from the conversations that have taken place in Central and West London CCGs to date. These include the following:

- It is widely agreed that GPs and other practice staff should be responsible for designing these plans (with support from the CCGs and other colleagues), and that lay partners should also be involved in this process. These are the partners with the clearest view of what needs to happen, and to understand the practicalities in getting there.
- The SCF provides a helpful framework that should be used to make sure new models of care comply with patient expectations and good practice as understood at a pan-London level. This includes meeting the specifications for proactive, accessible and coordinated care as articulated in the SCF.
- The GP federations are the proposed route for delivering primary care services at scale, but require support to develop the skills and capacity to fulfil this role.
- More detailed conversations are needed to understand what is the most appropriate scale to operate services at – including considerations around whether it could be beneficial or economical to offer any services at the level of the triborough.

4.25 These conversations will continue to progress through a series of seminars and workshops. Initially these are with CCG colleagues (including GP board members) to scope the local vision from the commissioning perspective. Over time attendance will be opened up to representatives of the GP federations, and potentially to other stakeholders.

4.26 Throughout this work the CCGs are continuously cross-checking primary care plans with the progress made through the Whole Systems Integrated Care programme. Work is required to ensure that the programmes are complementary and mutually supportive. This approach will maximise the collective impact of local conversations and initiatives to design and set up better, more integrated out of hospital services with primary care as the foundation.

## **5. Legal Implications**

- 5.1 The co-commissioning structures and processes have been established with NHS England in line with national guidance.

## **6. Financial Implications**

- 6.1 The two CCGs' joint committees will decide upon an approach to transitional funding for PMS practices impacted by the review. (There will be detailed analysis of the financial impact of the PMS review on individual practices as part of the contract negotiation phase.) This will be linked to a broader piece of financial modelling that determines the investment required to support a new primary care model in Westminster and sets out options for how it can be realised.

**If you have any queries about this report or wish to inspect any of the background papers please contact:**

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### **APPENDICES:**

None.

### **BACKGROUND PAPERS:**

- The papers discussed at the September meeting of the North West London joint committees in common, including about new models of primary care and the PMS review, can be accessed here - <http://www.centallondonccg.nhs.uk/news-publications/publications.aspx?n=2422>
- The Strategic Commissioning Framework can be accessed here - <https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/Indn-prim-care-doc.pdf>.