

<b>Date:</b>	<b>20<sup>th</sup> November 2014</b>
<b>Classification:</b>	<b>Public</b>
<b>Title:</b>	<b>Primary Care Commissioning</b>
<b>Report of:</b>	<b>Health and Wellbeing Board Chairman</b>
<b>Wards Involved:</b>	<b>All</b>
<b>Policy Context:</b>	<b>Health</b>
<b>Financial Summary:</b>	<b>TBC</b>
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## **1. Executive Summary**

- 1.1 Following a discussion between the Chairman of the Health and Wellbeing Board and the Chair of Central London Clinical Commissioning Group (CCG), it was agreed that the Westminster Health and Wellbeing Board should discuss the possibility of undertaking a piece of work on the commissioning of primary care.

## **2. Key Matters for the Board's Consideration**

- 2.1 The Health and Wellbeing Board are asked to provide a view on whether they believe a task and finish group on the commissioning of primary care would be useful at this stage and if so:
- What are the key questions that the task and finish group could consider;
  - What are the key deliverables that the Health and Wellbeing Board would wish to achieve from the task and finish group's work;
  - How we could protect against any conflicts of interest arising from the fact that general practitioners are key members of the Health and Wellbeing Board;
  - Should we look to commission external expertise to lead on this work on behalf of the Health and Wellbeing Board; and if so
  - Should this be co-funded by the local authority and Clinical Commissioning Group members of the Health and Wellbeing Board.

2.2 Alternatively, the Health and Wellbeing Board are asked to consider whether existing work being undertaken by all 8 North West London CCGs, through the Strategy and Transformation team around primary care transformation, could cover this remit and if so, how this work can be shaped by, and report into the Health and Wellbeing Board.

### **3. Background**

3.1 In September 2014, the Westminster Health and Wellbeing Board received a report from NHS England on primary care commissioning. During this discussion, the Health and Wellbeing Board became aware of the following issues and concerns in relation to primary care commissioning in Westminster:

- Several practices within Westminster have given notice to terminate their contracts in the last year and the cohort of individual GPs within Westminster is ageing. NHS England do not have any additional funding for new practices in Westminster;
- The availability of premises is a key issue in Westminster and will increasingly become a problem as GP's chose to retire, maintaining their property (i.e. the surgery) for their retirement;
- The commissioning framework for primary care is fragmented. NHS England currently holds the funding for the core GP contracts, while remaining services are funded by Clinical Commissioning Groups. Local authorities also commission services from GPs on an ad hoc basis.
- Only limited data is collected by NHS England relating to individual GPs and their practices which can make it difficult to understand the current provision within Westminster and prepare for issues which may arise in the future.

3.2 Alongside these issues and concerns identified by the Health and Wellbeing Board, the Board noted several opportunities which are developing locally which may make improvements to primary care in Westminster. These are:

- The introduction of co-commissioning of primary care services between NHS England and Clinical Commissioning Groups
- The introduction of GP networks as part of the whole systems integration programme, which will improve the way that patients can access primary care services;
- The work underway locally to deliver improvements to primary care through the Prime Minister's Challenge Fund such as the introduction of seven day GP networks

3.3 A limited window of opportunity to undertake further work to improve primary care in Westminster may arise through the recent report of the London Health

Commission. This report makes a number of recommendations for the Mayor of London and other agencies on improving health and wellbeing in London, including some specific recommendations relating to GPs. These include:

- The promotion of GPs working in networks (which is already being developed for the Westminster area) and allowing patients to move freely within these networks;
- Putting in place arrangements, through the move to co-commissioning, to allow existing and new providers to set up new GP services in areas of persistent poor provision;
- Urging NHS England to introduce a five year £1 billion investment programme to improve GP premises in London and to reform the rent reimbursement system for GP premises;
- For NHS England to rebalance expenditure across the system, moving money from specialised services and investing in primary and community care;
- For health commissioners to increase the proportion of total London NHS spending dedicated to GPs, primary and community services and facilities; and
- Improvements in digital technologies.

3.4 The Chairman of the Health and Wellbeing Board and the Chair of Central London Clinical Commissioning Group believe that, due to the circumstances above, there could be a good opportunity for partners from across the system to work together on improving and ensuring the sustainability of primary care in Westminster.

3.5 The Health and Wellbeing Board are asked to provide a view on whether they believe a task and finish group on the commissioning of primary care would be useful at this stage and if so:

- a) what are the key questions that the task and finish group could consider;
- b) what are the key deliverables that the Health and Wellbeing Board would wish to achieve from the task and finish group's work;
- c) how we could protect against any conflicts of interest arising from the fact that general practitioners are key members of the Health and Wellbeing Board;
- d) should we look to commission external expertise to lead on this work on behalf of the Health and Wellbeing Board; and if so
- e) should this be co-funded by the local authority and Clinical Commissioning Group members of the Health and Wellbeing Board.

3.6 If the Health and Wellbeing Board wish to move forward with this proposal, then they may wish to consider doing so in partnership with the Hammersmith and Fulham Health and Wellbeing Board and the Kensington and Chelsea Health and Wellbeing Board, or potentially extending the invitation to other Health and Wellbeing Boards working within the geographical boundaries of the North West London CCG collaborative.

#### **4. Legal Implications**

4.1 Not applicable at this stage

#### **5. Financial Implications**

5.1 Due to the specialised nature of this work and the complex nature of the issues that need to be responded to, it is recommended that the Health and Wellbeing Board consider bringing in external expertise to lead on this work. This may also help to respond to the potential conflict of interest which could arise due to the membership of local GPs on the Health and Wellbeing Boards.

5.2 However, the Health and Wellbeing Board should note that bringing in external expertise will require some resource to be invested into this work. It is proposed that if the Health and Wellbeing Board wishes to proceed with this, that this resource should be invested from both local authority and Clinical Commissioning Groups

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