

Co-commissioning primary care services – frequently asked questions

Southend CCG has expressed an interest in entering into a ‘co-commissioning’ relationship with the NHS England Essex area team in relation to the commissioning of primary medical services.

The CCG has done this in order to better:

- support the integration of health and social care services locally;
- support our member practices to drive quality improvement within primary care, and reduce health inequalities;
- increase citizen involvement in the development of primary care services;
- support the development of sustainable local services;
- ensure, as a membership organisation, the CCG has a greater positive influence on decisions affecting primary care locally.

Whilst the subject of co-commissioning has been discussed in a number of forums it is recognised there may still be unanswered questions from within the membership. These “frequently asked questions” have been produced to help address any questions you may still have, and to highlight how to feed back your comments or further queries into the CCG.

What is co-commissioning and where has it come from?

This is the term that we use to describe when two or more commissioners come together to commission healthcare services. In this context it means NHS England working together with clinical commissioning groups (CCGs) to commission primary care services.

In May, NHS England announced that CCGs could submit expressions of interest (EOI) to develop co-commissioning arrangements for primary care services. This gives CCGs the opportunity to expand their role to help improve the quality of primary care, support integration of health and care services, cut health inequalities and put the NHS on a sustainable path for the next five years and beyond.

The aim is to enable local clinicians and local communities to have more influence over how primary care services are developed. This is part of NHS England’s vision to drive better outcomes for patients and greater value for money.

What does our expression of interest include?

Our expression proposed initially shadowing the area team to undertake the following co-commissioning activities:

- Working with patients and the public and with the Health and Wellbeing Board to assess needs and decide strategic priorities

- Designing and negotiating local contracts (eg PMS, APMS, any enhanced services commissioned by NHS England)
- Deciding in what circumstances to bring in new providers and managing associated procurement and making decisions on practice mergers.

The aim is that a shadow period would begin immediately (pending agreement with NHS England); the CCG could seek a review of this position in October 2015, dependent on the progress of the CCG's recovery plan and further engagement with stakeholders and member practices.

When will we receive feedback on our expression of interest?

NHS England will assess all expressions will be assessed against a range of criteria including impact on quality, value for money and deliverability. There was a meeting between the CCG and the NHS England on 3 July 2014 to discuss initial feedback on Southend CCG's expression, and agree next steps in commencing the shadow period. The CCG will keep its members informed through the usual channels as the details are firmed up and the timescales agreed.

How will it change how our GP contracts are managed?

The CCG's approach to co-commissioning will commence in shadow form once formally agreed with NHS England. We expect this to be no later than October 2014 from which point the CCG will be involved in:

- working with patients and the public and with the Health and Wellbeing Board to assess needs and decide strategic priorities
- designing and negotiating local contracts (eg PMS, APMS, any enhanced services commissioned by NHS England)
- deciding in what circumstances to bring in new providers and managing associated procurement and making decisions on practice mergers

For Southend CCG, this will mean:

- All GP contracts will continue to be held by the Essex area team
- The CCG as a membership organisation will be able to decide if it wants to influence commissioning of DES in a more locally sensitive way
- The CCG as a membership organisation will be able to decide if it wants to influence the reprocurement of APMS contracts and any requests for practice mergers
- A steering group will be established with membership including governing body GPs, the lay member for patient and public engagement and the area team to develop a detailed implementation plan, including how we will engage with our member practices

What are the benefits for us locally of doing co-commissioning rather than leaving things as they are?

- We would be able to be locally sensitive rather than be nationally defined
- Potential for more resilience in our member practices
- Potential for more influence to support our member practices to improve the quality of primary care services
- Increased ability to work with practices to develop integrated services in the community

The CCG already works with patients and the public and with the Health and Wellbeing Board to assess needs and decide strategic priorities. By joining and contributing to the Essex Area Team's Direct Commissioning Oversight Group (DCOG) (where decision-making affecting primary care takes place) the CCG would be able to have a positive influence in considering new providers, procurements and practice merger requests. Both of these options are likely to commence formally in the autumn.

The other area of interest is to have an influence in designing and negotiating local contracts (eg PMS, APMS, any enhanced services commissioned by NHS England). This area will be considered by the steering group as it develops the implementation plan and is an area which could help the CCG support practices to improve quality of primary care and build a more integrated health system. For example, the CCG may seek to influence the requirements of local contracts, which would allow the CCG to streamline monitoring mechanisms and avoid unnecessary bureaucracy for member practices.

We would like to understand what member practices see as the benefits – please do discuss within your practice and respond to the survey via <https://www.surveymonkey.com/s/CR7HMRH>. Please note that this survey will close on 30 September 2014.

How will co-commissioning support delivery of our strategy?

The CCG's 5-year Strategic Plan identifies the need to improve the delivery of care, particularly for people with long term conditions and older people living with frailty. By supporting our member practices to work with other health and social care providers to integrate care, we will improve the quality of health and social care support provided to citizens of Southend, improve health outcomes and patient experience.

The opportunity to commission locally sensitive services, rather than nationally specified enhanced services would be particularly helpful in supporting our member practices.

What are the challenges for us in co-commissioning?

There are a number of benefits and concerns relating to co-commissioning of primary care services which have been identified through discussions to date. The key themes are:

- Local medical committees nationally are opposed to co-commissioning
- Potential for conflicts of interest for governing body GPs/ clinical leads and potential for increased external interest
- Could have an effect on our membership engagement
- Member practices may not universally support the CCG co-commissioning services
- Capacity of CCG to manage fully delegated arrangements and concern about the transfer of resources

We would like to understand what member practices see as the concerns – please do discuss within your practice and respond to the survey via <https://www.surveymonkey.com/s/CR7HMRH>. Please note that this survey will close on 30 September 2014.

How will we take this forward?

Detailed plans for implementation of co-commissioning will be developed over the coming weeks taking account of each of the identified challenges and building on the benefits. A steering group is being established to take forward this work, and will continue to work with local partners, member practices and citizens throughout that development process. We have a long period of shadowing the Essex Area Team (until October 2015) to enable us to undertake detailed engagement with our member practices, partner organisations and patient representatives.

What about conflicts of interest?

A steering group is being established to take forward development of the co-commissioning implementation plan. The terms of reference for this group will also include determining how we identify and address potential conflicts of interest, and what form the supporting governance structure should take.

How can I feed in my views?

If you would like to feed in your views, please do discuss within your practice and respond to the survey via <https://www.surveymonkey.com/s/CR7HMRH>. Please note that this survey will close on 30 September 2014.

If you still have unanswered questions, please contact: jeanettehucey@nhs.net or 07884 473268.

Jeanette Hucey has a background in primary care commissioning at national and PCT level and more recently has been working within local CCGs. She is supporting this work at the CCG as Interim Strategic Programme Director and is available to visit GP practice partner meetings to discuss more fully.