

## ENCLOSURE 6

**Governing Body meeting on 8<sup>th</sup> September 2016**  
**Report from Rosemarie Ramsay MBE, CCG Lay Member and Chair of the Primary**  
**Care Joint Committee (PCJC)**  
**Date of Meeting reported: 18<sup>th</sup> August 2016**  
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The Lewisham Primary Care Joint Committee with NHS England was held in common with other South East London Primary Care Joint Committee's on the 18<sup>th</sup> August 2016.

**1. Overview from Director of Primary Care, NHS England (London Region)**

The Director of Primary Care, NHS England (London Region) gave an overview of some of the key elements of the recently published [GP Forward View](#) including the General Practice Development Programme and the General Practice Resilience Programme.

Detail of how these resources can be accessed locally will be forthcoming in due course.

**2. Estates and Technology Transformation Fund (ETTF)**

A verbal update was given regarding the Estates and Technology Transformation Fund.

Submissions are currently being assessed with further details on the next steps expected in September 2016

**3. Quality, performance and finance update**

The overall financial position for South East London Primary Medical services is showing a year-to-date breakeven position against issued budgets for the 3 months to 30th June 2016.

The forecast outturn is currently for break-even as it is too early in the year to establish a trend.

There remains a shortfall between the expenditure budget and the published allocations for SEL for 2016/17, which will need to be jointly managed by CCGs and NHSE as cocommissioners.

Discussions continue to establish if this can be mitigated non-recurrently without the need for further Primary Care QIPP. The outcome is expected by the end of August 2016.

A summary quality and performance report was shared which included data on the GP Patient Survey, CQC reports, Quality & Outcomes Framework (QoF) and Friends and Family test.

**4. Further information**

Full meeting papers for the Primary Care Joint Committee held on the 18<sup>th</sup> August 2016 are available at: <http://www.lewishamccg.nhs.uk/about-us/how-we-work/Pages/Primary-Care-Joint-Committee.aspx>

**5. Date of next meeting**

The next Primary Care Joint Committee in public will be on the 20th October 2016

## **Primary Care Co-Commissioning – move to delegated commissioning from 2017/18**

Primary care co-commissioning is one of a series of changes set out in the [NHS Five Year Forward View](#).

Co-commissioning aims to support the development of integrated out-of-hospital services based around the needs of local people. It is part of a wider strategy to join up care in and out of hospital and could lead to a number of benefits for patients and the public including:

- Improved access to primary care and wider out-of-hospital services with more services available closer to home
- High quality out-of-hospital care.
- Improved health outcomes, better access to services and reduced health inequalities.
- A better patient experience through more joined up services.

NHS England invited Clinical Commissioning Groups (CCGs) to take on an increased role in the commissioning of GP services through three co-commissioning models:

- Greater involvement – an invitation to CCGs to collaborate more closely with their local NHS England teams in decisions about primary care services to ensure that about healthcare services are strategically aligned across the local area.
- Joint commissioning – enables one or more CCGs to jointly commission general practice services with NHS England through a joint committee.
- Delegated commissioning – offers an opportunity for CCGs to assume full responsibility for the commissioning of general practice services.

Lewisham CCG is currently operating under Joint commissioning arrangements.

NHS Lewisham Clinical Commissioning Group (CCG) are now deciding on whether to take on delegated responsibility from 2017/18.

Under a delegated co-commissioning arrangement, responsibility for the following would pass from NHS England to the CCG:

- the management of General Practice contracts – including monitoring the performance of local GP practices and taking actions such as issuing improvement notices and removing a contract;
- approval of practice mergers or changes to individual GP practice boundaries;
- making decisions on payments and schemes that affect local GPs;
- making decisions on issues related to GP practice premises.

Having seen how delegated responsibility has worked in other areas – and the potential benefits it can offer – Lewisham CCG are now supportive of moving to delegated co-commissioning from 2017/18.

The CCG is therefore talking to local GPs, GP practice staff and the public about what fully delegated co-commissioning would mean for GP services and to secure support to apply to NHS England for delegated co-commissioning powers from 2017/18.

### *Delegated commissioning roles and responsibilities*

Under delegated commissioning arrangements, the CCG would assume full responsibility for commissioning GP services.

#### **The CCG would be responsible for:**

- Holding GP contracts
- Contract terminations e.g. in the event of bankruptcy or death of a GP
- Design of additional services delivered by GP practices and local incentive schemes
- Establishment of new GP practices
- Approval of practice mergers
- Making decisions on any local 'discretionary' payments for GP practices
- Direction on GP practice premises costs
- Provision of communications and patient engagement advice to GP practices

#### **NHS England would remain responsible for:**

- Management of the national performers list (a list that records the training and qualifications of NHS staff in order to make sure they are suitably qualified, have up to date training and have passed other relevant checks)
- Section 7a (Public Health) functions - for example, national screening and immunisation programmes
- Capital expenditure functions - e.g. the allocation of funds for premises improvements
- Administration of payments to a GP in circumstances where the GP is suspended
- Management of the revalidation and appraisal process for GPs
- Various functions in relation to the management of complaints regarding GP services
- National policy decisions relating to the provision of GP services

### *Benefits of co-commissioning*

It is widely recognised across the NHS that involving CCGs more in the commissioning of general practice provides an opportunity for offering better, more joined-up care for patients and local populations.

CCGs are already responsible for the majority of commissioned healthcare services (including hospital, community and mental health services), yet to date have been unable to fully join up their commissioning plans to cover general practice. Instead, they have had to rely on NHS England Area Teams to commission GP services, which, due to their regional nature, often have less local knowledge than CCGs and not as many strong relationships with local GP practices.

## Next steps

In preparation for taking on delegated co-commissioning, the CCG will need to ensure it has the necessary resources and processes in place.

Over the coming months, we will be working with NHS England and our member GP practices to agree on:

- the governance structures to underpin delegated co-commissioning including the appropriate management of conflict of interest;
- how the CCG will carry out co-commissioning functions;
- our local approach to GP contract and service quality monitoring;

The CCGs planned schedule of engagement is as follows:

<b>Date</b>	<b>Meeting/Board</b>	<b>Action</b>
10.08.2016	Primary Care Programme Board	Agree timetable and approach – complete
10.08.2016	Membership Forum	Agree timetable and approach – complete
31.08.2016	Local Medical Committee (LMC)	Engagement
07.09.2016	Neighbourhood 2 – Central	Endorsement
09.09.2016	Neighbourhood 1 – North	Endorsement
15.09.2016	Neighbourhood 3 – South East	Endorsement
22.09.2016	Neighbourhood 4 – South West	Endorsement
October 2016 (date TBC)	Local Medical Committee (LMC)	Endorsement
October 2016 (date TBC)	Public Reference Group	Engagement
12.10.2016	Primary Care Programme Board	Recommend approval to Primary Care Joint Committee
12.10.2016	Membership Forum	Neighbourhood Feedback and endorsement
18.10.2016	Healthier Communities Select Committee	Engagement
20.10.2016	SEL Primary Care Joint Committee	Recommend approval to the CCG Governing Body
10.11.2016	LCCG Governing Body	Considers and approves recommendation of the Primary Care Joint Committee
15.11.2016	Health & Wellbeing Board	Engagement

**The Governing Body are asked to approve this plan of engagement and proposed approval process.**