Co Commissioning Primary Care Services for Crawley

Executive Summary with Full Document (Appendix C):
for circulation to all stakeholders

November 2014
Co Commissioning Primary Care Services for Crawley
Executive summary with Full Document (Appendix C)

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Appendix C – NHS England – Next steps towards primary care co-commissioning – Full Document
1.0 Introduction

- This paper introduces a new opportunity for NHS Crawley Clinical Commissioning Group (Crawley CCG), to be more involved in the commissioning of primary care services delivered through our neighbourhood based GP practices. It summarises three different options regarding the level of local involvement in the commissioning process.

- This initiative led by NHS England (NHSE) is described as ‘co-commissioning’ and assumes that a closer relationship between local GP’s, Crawley CCG, other partners and NHSE when commissioning primary care will help to drive up the quality of care, reduce health inequalities and put the local NHS on a sustainable path for the next five years and beyond. Commissioning in this sense involves assessing population need, designing services, providing investment and incentives to change, consulting with partners and supporting the delivery of improvements. (Further detail regarding this initiative is attached - Appendix C: Next steps towards co-commissioning: NHS England: 2014).

- Co-commissioning will give CCGs the option of having more control of the wider NHS budget, enabling a shift in investment from acute to primary and community services. By aligning primary and secondary care commissioning, it also offers the opportunity to develop more affordable services through efficiencies gained.

- The options describe different ways in which patients, local communities and local clinicians can influence the development of their local primary care services and the degree of local control they wish to have regarding funds and how they are spent. To determine which approach is best for Crawley we are now providing an opportunity for individuals to rank the three options in terms of personal preference. We will also engage both Health watch and West Sussex Health and Wellbeing Board in these discussions.

- In ranking these options we are asking our GP’s, practice based staff/clinicians, patients, carers, the public and others partners to identify which one they believe is most or least likely to help improve the health and wellbeing of people in Crawley and deliver the benefits identified in this paper. We are asking you to do this from your own experience and personal perspective.

- In addition, we will also be asking local GP’s and other primary care professionals in Crawley including practice managers, nurses and other clinicians to rank the options from a service provider perspective (rather than as commissioners), in order to ensure that the Governing Body has a clear understanding of their views and preferred direction. In this case our GP’s will be asked to decide which option is ‘most’ or ‘least’ likely to support the delivery of safe, sustainable and high quality care for their practice population.
Co Commissioning Primary Care Services for Crawley

• Comments, views and your ranking of the options should be received by the CCG by 12 December 2014 and should be addressed to:

FREEPOST RSZZ-YLJS-TETL
Engagement Team
Crawley Clinical Commissioning Group
Lower Ground Floor, Crawley Hospital
West Green Drive
Crawley
RH11 7DH

Email: CCG.Contacts-crawleyccg@nhs.net

Alternatively you can comment electronically through the CCG’s web site: (www.crawleyccg.nhs.uk/news/a-crossroads-for-crawley-gp-services) or via Twitter @CrawleyCCG if you prefer

• Once received all views will be analysed and a paper summarising these provided to the Crawley Clinical Commissioning Group's (CCG) Extraordinary Governing Body Meeting which will be held in public, at the Charis Centre on 23rd December 14 between 1000-1100 hours. Papers to support this meeting will be available at www.crawleyccg.nhs.uk December 16/12/14.

2.0 Promises

• The CCG recognises that the development of primary care is critical to the future success of our plans to deliver improved community based services. As such how we commission these important services is something that everyone should have a chance to influence. Before asking individuals to rank the options the CCG believes that it is important to provide assurances to those affected by these options. The following describes a number of promises we thought would help:

• Promise 1: the CCG confirms that it will not move away from the security that national agreements provide to GP’s and patients unless our GP’s voluntarily agree to do so. It is important to note that the CCG believes that all three choices regarding the commissioning of primary care, are based on an assumption that nationally agreed contracts and incentives for GP practices are the foundation upon which we will build new developments. In the event that the CCG wishes to be more active in the commissioning of primary care, the CCG confirms that they will not move away from the security that national agreements provide to GP’s and patients unless GP’s voluntarily agree to do so. Instead these proposals focus on how best to invest new sources of funding from within our overall allocation for healthcare across Crawley and finding ways to provide better support for primary care.
• **Promise 2:** The management of the medical performers list, individual GP appraisal and revalidation will remain the responsibility of NHSE. We believe that this approach has the confidence of both our clinicians and the public at large and the CCG supports the national approach to exclude these services.

• **Promise 3:** The commissioning of dental, eye health and community pharmacy will remain the responsibility of NHS England.

• **Promise 4:** The CCG will ensure that local GP's are able to use their local knowledge to influence the strategic direction for primary care and identify priorities for investment. At the same time the CCG will effectively manage any conflicts of interest between GP's as commissioners and providers. The CCG recognises that a new process for the management of conflicts of interest will be made available through national discussions. The adoption of this approach will be mandated on the NHS and the CCG is committed to ensuring that GP's are never placed in a position where they effectively commission their own services.

• **Promise 5:** We will not put GP's in a position of performance managing other local Practices within Crawley. The CCG recognises the difficulties any GP would face in being asked to review the performance of neighbouring GP Practices. Whatever approach the CCG decides to take, should at minimum, involve the Local Medical Committee in co designing the approach and involve expert clinicians from outside the immediate area of Crawley. GP’s already have a strong tradition of improving performance through peer review, benchmarking and incentives and the CCG would wish to build on these foundations. As an example the system previously adopted by the former Crawley Primary Care Trust involved the development of a joint process involving other Care commissioners across West Sussex or Sussex wide. This way the CCG could seek the advice of GP’s from outside Crawley.

### 3.0 The Case for Change

• 90% of patient contact with the NHS is through their local general practitioner. Because of the importance primary care to our local population it is vital that our clinicians, patients, public and partners have an opportunity to influence how we commission this service for the future.

• Currently the responsibility regarding the commissioning of primary care rests with NHS England, which has to consider the needs of primary care across Surrey and Sussex before committing its funds. Shortly they will also have to consider the needs of Kent following changes to their management arrangements. This is a substantial responsibility and gives little room to reflect on local priorities in areas like Crawley. It is understood that there will be no additional management resource
to help manage future changes for primary care unless we change from the current arrangements. This fact alone suggests an urgent need to find new ways to ensure we are able to focus on the unique needs of Crawley and its primary care services.

By way of example, local services that our local communities have identified they would like to see and that could be commissioned as part of our primary care services include:

- Primary Care access x 7 days a week
- Extended development of our proactive care teams and advanced care planning to support people living with the effects of multiple long term conditions
- More preventative services to avoid people becoming ill such as support for obesity, high blood pressure, uncontrolled blood sugar levels etc.
- Extended development of primary care and support within nursing homes
- Improved services for people with mental illness or with learning difficulties within primary care
- Developments targeted to individual GP practices to reflect their own priorities and practice populations, rather than one size fits all across Crawley
- Improved access to out of hospital services locally in the community eg minor surgery

• The development of Crawley Clinical Commissioning Group (CCG) in 2013, for the first time placed local General Practitioners in the lead role as commissioners of health services involving hospital, ambulance, GP out of hours, NHS 111 and continuing nursing care. At the same time the responsibility for commissioning of core primary care services and more specialist health services became the responsibility of the newly formed NHS England Area Team for Surrey and Sussex. This separation of commissioning roles and budgets has not helped when considering that our patients are asking for services to be more local, more connected, easier to access etc.

• It is recognised that the current arrangements for commissioning primary care are at best able to focus on the here and now service and there is limited capacity and funds to consider the more strategic changes that we need to make in response to local demands and changes to our population in Crawley. Even in relation to the current service there are numerous examples of payments to GP practices being delayed, cash flow issues, increasing bureaucracy to name but a few that create problems for our local practices.

• Locally the demand for primary care services in Crawley is increasing as the local population ages and patient expectations increase. Alongside this, it is expected that people will increasingly demand access to more out of hospital services which are seamlessly integrated between primary, social and voluntary care. Our residents have already told us via our 5 Communities Plan conversations that they want to achieve greater integration of health and social care services. These changes will
challenge local GP's to consider how best to organise themselves and deliver services in partnership to respond to these challenges.

- In developing our primary care services residents of Crawley have also told us that they want the NHS to tackle health inequalities, in particular by improving quality and access of primary care. This message was particularly strong when considering the more deprived areas and for groups such as people with mental health problems or learning disabilities.

- In 2014, NHSE published its new NHS 5 Year Forward view which further describes the emerging challenges facing the NHS and how these are likely to impact on service providers including General Practice. In summary this document sets out the challenges in supporting the delivery of better, safer and higher quality services where people are getting older and resources are likely to be limited. It says that moving to new forms of providing and contracting services is essential for the NHS to be sustainable in the future. It also estimates that there will be a financial gap of £30bn by 2020. To resolve this requires unprecedented efficiency savings and a political will to invest more funds beyond current plans. Primary care will be at the vanguard in terms of these changes.

- In reflecting on the current and expected pressures being faced by general practice nationally, the British Medical Association has also highlighted:
  - Practices operating at the limit of their resources will find themselves under pressure to adapt in response to changes in overall funding within the NHS and the move to equitable funding amongst GP Practices nationally (i.e. the reallocation of the Minimum Practice Guarantee on a fair shares basis).
  - There is a high level of uncertainty regarding future responsibility for unscheduled care and the development of 7 day working in primary care.
  - Workforce development and recruitment shortages especially amongst GP's, health visitors and practice nurses are a barrier to change.
  - Significant financial and demand pressures will result in the need for further efficiencies between primary, secondary and tertiary care and GP's are best placed to deliver this through service integration and through development of local services, but only with the right support.
  - Shortage of development funds to support the development of new GP surgeries and increased capacity generally is seen as a barrier. This is especially true in Crawley with a growing population, new developments and increasing demands for local services.
  - Finding time and ways to maximise opportunities for development by accessing new sources of income is difficult whilst demand continues to increase.
  - Finding ways to prepare for the future in terms of other health providers bidding to provide enhanced primary care services remains challenging.
4.0 Proposal

- To help deliver the changes necessary and ensure that we continue to deliver locally focussed improvements to the health and wellbeing of Crawley’s population our approach to the commissioning of primary care services now needs to be reviewed to ensure that it delivers what is needed. This is part of a national initiative led by NHSE who are proposing to strengthen the commissioning of primary care medical services by sharing or transferring responsibility for the future Commissioning of primary care services to those CCG’s who wish to have more control and local influence for these important services.

- The aims of co commissioning are to:

  - Achieve greater integration of health and care services, in particular more cohesive systems of out of hospital care.
  - Raise standards of quality within general practice services including: clinical effectiveness, patient experience, patient safety.
  - Tackle health inequalities in particular improving quality of primary care in more deprived areas and for groups such as people with mental health problems and learning disabilities.

- The three choices (models) can be summarised as:

  **Model A: Greater involvement between NHS England and the CCG in primary care decision commissioning.**

  Here decisions are made by NHS England across Surrey, Sussex and Kent. CCG’s who wish to have a greater involvement could participate in discussions about all areas of primary care including primary medical care, eye health, dental and community pharmacy services, provided that NHS England retains statutory decision making responsibilities and there is appropriate involvement of local professional networks.

  The effectiveness of these arrangements is reliant on strong local relationships and collaborative working. It will be in everyone’s interest to involve Local Authorities, local Health and Wellbeing Boards and local communities in primary care decision making. With this model CCG’s can already invest in primary care services where they go beyond what is already required nationally, they can also provide incentives to improve the quality of primary care so long as it is beyond the existing contract and delivers improvements to population health.
Choose Model A if you believe that the best way to improve the health and wellbeing for Crawley residents is through NHSE retaining full responsibility for the commissioning of primary care locally.

**Model B: Joint Commissioning**

Here the joint commissioning model enables one or more CCG's to assume responsibility for jointly commissioning primary care with their area team. This approach will provide an opportunity to more effectively plan and improve the provision of out of hospital services for the benefit of patients and local populations. This model also allows the option to pool finding for investment in primary care and develop local incentive schemes with the agreement of NHS England area teams.

Choose Model B if you believe that the best way to improve the health and wellbeing for Crawley residents is through joint discussion and decisions between NHSE and Crawley CCG.

**Model C: Delegated Commissioning**

Here delegated commissioning offers an opportunity for CCG's to assume full responsibility for commissioning general practice services. Legally NHSE retains the liability for the performance of primary care as with the other models. NHS England will therefore require robust assurance that its statutory functions are being discharged effectively.

This model allows CCG's to design new enhanced services, design local incentive schemes as an alternative to current incentives (Quality and Outcomes framework) but only with the voluntary support of local practices.

This model also allows the CCG to establish new GP practices, approve practice mergers and make decisions regarding discretionary payments such as returner/retainer schemes.

Choose Model C if you believe that the best way to improve the health and wellbeing for Crawley residents is by Crawley CCG having full responsibility for the commissioning of primary care locally.
### 5.0  Summary of co commissioning functions

<table>
<thead>
<tr>
<th>Primary Care Function</th>
<th>Greater Involvement Model A</th>
<th>Joint Commissioning Model B</th>
<th>Delegated Commissioning Model C</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Practice commissioning</td>
<td>No decision making role but potential for discussion</td>
<td>Joint decisions with area team</td>
<td>Yes</td>
</tr>
<tr>
<td>Pharmacy, eye health and dental commissioning</td>
<td>No decision making role but potential for discussion</td>
<td>No decision making role but potential for discussion</td>
<td>No decision making role but potential for discussion</td>
</tr>
<tr>
<td>Design and implementation of local incentive schemes</td>
<td>No</td>
<td>Yes subject to joint agreement</td>
<td>Yes</td>
</tr>
<tr>
<td>General Practice overall budget management</td>
<td>No</td>
<td>Yes jointly with area teams</td>
<td>Yes</td>
</tr>
<tr>
<td>Complaints management</td>
<td>No</td>
<td>Yes jointly with area teams</td>
<td>Yes</td>
</tr>
<tr>
<td>Contractual GP practice performance management</td>
<td>Opportunity for discussion with area teams</td>
<td>Yes jointly with area teams</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical performers list, appraisal and revalidation</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### 6.0  Potential Benefits

- It is expected that each of the three models described in Section 4 – Proposal, will deliver the following benefits to a greater or lesser extent:

**Commissioner Benefits:**

- Opportunities to reduce health inequalities in particular by improving quality of primary care in more deprived areas.
- Quicker and more locally sensitive service developments through more active involvement of GP’s in the Commissioning of primary care.
- Greater consistency between health outcomes and incentives used in primary care to support change.
- More effective deployment of public resources across primary care and wider health services.
Opportunities for general practice to operate more efficiently at greater scale e.g. Through networks, federations and more formal partnerships that reflect very local circumstances and patient needs.

Opportunities to develop a more collaborative approach to the design of local solutions for workforce, premises and information technology within primary care and across Crawley.

**Patient Benefits:**
- Better patient doctor relationship and GP experience
- Better understanding re local patient need
- Better access to consultations in different sites
- Improved patient participation
- Wider range of more integrated/tailored services and better continuity of care
- Opportunity to build community based teams including community nurses, therapists, secondary care specialists and social care.

**GP practice benefits**
- Re affirmation of the importance of GP providers role re coordinators of NHS care for their patients.
- Support for greater collaboration and new opportunities to develop a wider range of community services whilst making better use of resources.
- Potential to increase access to a wider population/ range of services whilst making better use of resources and improving income/profitability.
- Maximising collaborative strength to enable practices to offer commissioners services that cater for larger patient cohorts.
- Maximising collective strength to help respond to challenges in a market where competition for enhanced services will be considerable.

### 7.0 Risks

- Depending on the type of model chosen to commission primary care there are a number of risks, both real and perceived that will need to be managed. Appendix C provides further details regarding these risks and their management. The final risk plan will need further input from key stakeholders whatever model is chosen. These risks and their management/mitigation can be summarised as:

  - **Conflicts of interest with GP’s who are both providers and commissioners of health services**

    Conflicts of interest are recognised as a matter of public interest and it is in the interests of the clinical profession that this issue is transparently handled. CCG’s already manage conflicts of interest as part of their day to day work and there is already formal guidance available to guide
CCG’s and GP’s who perform both clinical and commissioning roles. However these arrangements will need to be strengthened particularly where the CCG adopts the delegated commissioning model. As a consequence a new framework regarding the management of such conflicts has been agreed between NHSE and NHS Clinical Commissioners following discussion with the BMA, Health Watch England and Monitor.

The new guidance will build on current arrangements, respond to any statutory guidance issued by Monitor and continue to facilitate clinically led decisions as far as possible within the constraints of the effective management of conflicts of interest. The guidance will also determine the make-up of any decision committees with a lay and executive majority, include national training for lay members and include involvement of external stakeholders as observers (including the right for the Health and Wellbeing Board and Health Watch as observers on any decision making committee).

By adopting this approach it is believed that the CCG can create clear blue water between GP’s as providers and their role as a commissioner. It is vital that the public retain confidence in their GP’s and Crawley CCG is fully committed to protecting them from any conflicts of interest both real and perceived).

One option that may help to manage any conflicts could be to agree with our Members that Crawley GP’s become more involved in commissioning and that we develop a Sussex wide process to manage the actual procurement/contracting for primary care services.

- **Weakening the value of benefits derived from nationally negotiated contractual terms and conditions of service for GP’s.**
  (The CCG believes that all three choices are based on an assumption that nationally agreed contracts and incentives for GP practices are the foundation upon which we will build new developments. In the event that the CCG wishes to be more active in the commissioning of primary care, the CCG confirms that they will not move away from the security that national agreements provide to GP’s and patients unless our GP’s voluntarily agree to do so).

- **The degree of local flexibility to redistribute resources and statutory requirements that relate to the funding of primary medical care services.**
  Each model provides different levels of freedom to deliver local flexibility and target local resources.
  - **Model A** assumes that through discussion, NHSE will prioritise investment in Crawley within competing demand for resources across Surrey, Sussex and Kent
  - **Model B** assumes that joint decisions between NHSE and Crawley CCG will prioritise investment within Crawley, whilst NHSE will still need to account for competing demands elsewhere within Surrey, Sussex and Kent
- **Model C** assumes that a dedicated Crawley commissioning group for primary care with full delegated budgets will prioritise investment in Crawley primary care.

- **Inadequate resource to support the commissioning process.**
  The CCG already believes that there are insufficient resources dedicated by NHSE to effectively commission primary care. Their current national realignment of resources may well exacerbate this and they have been clear that there will not be any new resources provided. In addition CCG running costs (i.e. Limits on how much we can spend on management support), will not be increased so the delivery of Commissioning primary care will need to happen within current resources.

  Part of the solution is for CCG’s across Kent, Surrey and Sussex to agree with NHS England how best to pool their current staff responsible for commissioning primary care. Part of the solution is also to find innovative ways to increase this resource within Crawley’s NHS wide budgets. Opportunities exist to prioritise investment in primary care and the commissioning process by accessing the CCG’s surpluses, using non recurrent expenditure and by transferring resource from elsewhere in the NHS to match the transfer of services from hospital into the community.

  Further opportunities exist to work with our local authority colleagues to use part of the new Better Care Fund to facilitate improved commissioning and service delivery. Whichever approach is chosen, Crawley will need to work with its partners to determine how best to support whichever model is chosen.

**8.0 Rank Options for all stakeholders**

- The following paragraph describes how individuals should rank the options available. This includes the public, GP’s/other primary care clinicians and practice staff wearing their CCG Membership hat and thinking about Crawley wide population health and all other stakeholders.

  Looking at the table of functions for each of the three options in section 5 and the potential benefits in section 6 please indicate which of the three options you think is ‘most’ likely to improve the health and wellbeing for the population of Crawley.

  Then indicate which option you think is ‘least’ likely to improve the health and wellbeing for the population of Crawley. A separate ranking form is provided as part of this document as Appendix B and should be returned to the address highlighted in section 1.

  Alternatively you can register via the Crawley CCG website and use the survey monkey if you prefer. Again the site details are highlighted in section 1.
Example:

Please answer the following question:

Which of the three options you think is ‘most’ likely to improve the health and wellbeing for the population of Crawley.
Then indicate which option you think is ‘least’ likely to improve the health and wellbeing for the population of Crawley.

<table>
<thead>
<tr>
<th>Option</th>
<th>Example response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater involvement: Model A</td>
<td>Least</td>
</tr>
<tr>
<td>Joint Commissioning: Model B</td>
<td>Most</td>
</tr>
<tr>
<td>Delegated Commissioning: Model C</td>
<td></td>
</tr>
</tbody>
</table>

Note: you can find the actual ranking form that you will need to complete at the end of this document as Appendix B.

8.0 Rank Options for GP’s as providers of primary care

- The following paragraph applies only to individuals responsible for the delivery of services in primary care including GP, practice managers, practice nurses and other primary care professionals.
- Looking at the table of functions for each of the three options in section 5 and the potential benefits in section 6 please indicate which of the three options you think is ‘most’ likely to support the delivery of safe, sustainable and high quality care for your practice population.
- Then indicate which option you think is ‘least’ likely to support the delivery of safe, sustainable and high quality of care for your practice population.
Note: you can find the actual ranking form that you will need to complete at the end of this document as Appendix B.

10.0 Next Steps

- Circulate this paper and covering letter inviting comments from identified stakeholders. All comments to be received before 12 December 2014.
- Develop presentation for the CCG’s internal committees including the Executive, Commissioning Patient Reference Group and Clinical Reference Group members to debate the options and agree how they wish to rank options for their meetings on, 18th November and 25th November 2014 respectively.
- Summarise all stakeholder views and include in a report to be considered by the CCG’s Extraordinary Meeting scheduled for December 23rd 2014.
Appendix A: ranking form for completion by all stakeholders

(This includes GP’s and practice based staff who should also complete Appendix B)

Please answer the following questions:

Which of the three options you think is ‘most’ likely to improve the health and wellbeing for the population of Crawley by indicating ‘most’ in the ‘your response box.

Which of the three options you think is ‘least’ likely to improve the health and wellbeing for the population of Crawley by indicating ‘least’ in the ‘your response’ box.

<table>
<thead>
<tr>
<th>Option</th>
<th>Your response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater involvement: Model A</td>
<td></td>
</tr>
<tr>
<td>Joint Commissioning: Model B</td>
<td></td>
</tr>
<tr>
<td>Delegated Commissioning: Model C</td>
<td></td>
</tr>
</tbody>
</table>

Please return by 12 December 2014 in the self-addressed envelope provided or alternatively submit your ranking through Crawley CCG website at crawleyccg.nhs.uk/news/a-crossroads-for-crawley-gp-services
**Appendix B:** ranking form to be completed only by GP’s and their practice based staff.

*(Not stakeholders who should complete Appendix A only)*

Please answer the following questions from your provider perspective:

Which of the three options you think is ‘**most**’ likely to support the delivery of safe, sustainable and high quality care for your practice population by indicating ‘**most**’ in the ‘your response box’

Which of the three options you think is ‘**least**’ likely to support the delivery of safe, sustainable and high quality care for your practice population by putting ‘**least**’ in the ‘your response box’.

Reminder: As a partner/employee of a local GP practice you are also entitled to complete the ranking of these options as they relate to improving health and wellbeing ie. ‘wearing your commissioner hat’ - This form can be found at Appendix A of this document.

<table>
<thead>
<tr>
<th>Option</th>
<th>Your response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater involvement: Model A</td>
<td></td>
</tr>
<tr>
<td>Joint Commissioning: Model B</td>
<td></td>
</tr>
<tr>
<td>Delegated Commissioning: Model C</td>
<td></td>
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Please return by 12 December 2014 in the self-addressed envelope provided or alternatively submit your ranking through Crawley CCG website at [crawleyccg.nhs.uk/news/a-crossroads-for-crawley-gp-services](http://crawleyccg.nhs.uk/news/a-crossroads-for-crawley-gp-services)