

Primary care co-commissioning with joint commissioning arrangements will benefit patients and the public in SWL, general practice providers in SWL and support delivery of our 5-year strategic plan for SWL

1 Scope of co-commissioning

- Co-commissioning involves only those arrangements which relate to general practice
- NHSE still reserves the right to establish new national approaches and rules on expanding primary care provision – consistent with the NHSE’s Five Year Forward View (FYFV)
- Individual GP performance (appraisals, maintaining the medical performers list and revalidation) will be reserved for NHSE
- NHSE will remain responsible for administration of payments and practice list management
- Co-commissioning will support SWL’s local approach to primary care transformation

2 NHSE’s FYFV - MCPs

- Joining up the commissioning system through co-commissioning is critical to helping unlock new models of integrated care described in the NHSE’s FYFV such as Multispecialty Community Providers (MCPs).
- As MCPs develop they could become a focal point for a wider range of care to benefit their registered patients. For example larger group practices could potentially have senior nurses and geriatricians working alongside community nurses, therapists, pharmacists, psychologists, social workers, and other staff in providing and coordinating patient centric care

3 Joint commissioning arrangements

- SWL CCGs have formed joint commissioning arrangements with each other and NHSE
- Across England, 87 CCGs have opted to joint commission primary care with NHSE
- Joint commissioning arrangements allows sufficient local flexibility to contracting and design locally-focussed incentive schemes
- Greater number of CCGs /collective arrangements improves protections from risks associated with resource and staffing, conflict of interest, contractual performance perspective
- GMS contract entitlements will stand as per nationally agreements

4 SWL Primary Care Transformation

Accessible Primary Care supported by:

1. Development of Practice Networks: networks in the form of federations or partnerships to take collective responsibility for the population
2. Estates primary care premises that are safe, high quality and suitable
3. Technology Enabled Care: to deliver increased capacity, continuity and coordination of care
4. Workforce: developing the workforce
5. Coordination of Care: patient centred coordinated care and GP continuity
6. Proactive Care: health and well being, self care and health literacy for the population

Our governance model and arrangements will support robust future joint commissioning of primary care with NHSE, maintaining current statutory duties for SWL CCGs & NHSE

5 Joint Committee (JC)

- The Joint Committee will allow a collaborative arrangement between all 6 CCGs in SWL and NHSE and be an effective vehicle for collective strategic decision-making
- The Joint Committee will allow CCGs to take on differential local commissioning focus under the joint commissioning model, and to share local approaches e.g. prioritisation of implementation of GP specifications, contracting approaches for federations, revision of elements of Quality Outcomes Framework incentives, design of new Local Enhanced Services’

6 Joint Committee Structure

- The Joint Committee shall consist of:
 - Three representatives from each CCG, this must include at least one Lay Member and can include the CCG Chair, Chief Officer and Lay Member
 - Three representatives from NHSE’s Area Team as follows: the Medical Director, Area Director and Head of Primary Care (or a named deputy of appropriate seniority for any of these representatives)
 - The membership will meet the requirements of each of the named CCGs’ constitutions

7 Conflict of interest

- Wandsworth CCG shall be the host CCG for SWL Joint Commissioning. The Joint Committee (JC) shall resolve all matters relating to conflicts of interest in line with the Wandsworth CCG Conflicts of Interest Policy
- The JC shall establish and maintain a Register of Interests for all Members and regular attendees of the JC and its sub-committees and groups. The Register will be made available for public scrutiny at each JC meeting.
- Each CCG will be responsible for ensuring that the entries for its representatives are accurate and up to date.

8 Accountability

- Through arrangements for co-commissioning, CCGs will have accountability for both meeting their own individual plans and ambitions, as well as being accountable as part of a joint commissioning relationship within SWLCC and with NHSE
- Examples of where collective accountability may be significant includes SWL-wide reviews plans for primary care and Out of Hospital, estates, IT and informatics systems and developing a robust approach for managing conflict of interest
- Joint accountability will enable effective use of scarce shared resources

Our planning process and operational model will allow CCGs in SWL in collaboration with NHSE to achieve a sustainable approach to commissioning primary care and plan for the future of primary care

9 Finance and budgets

- Financial accountability of co-commissioning primary care will rest with NHSE. NHSE shall remain the statutory body who will hold the budget for Primary Care Medical Services.
- In 2015/16 finance will be led by NHSE, however there will be involvement through Strategic Planning Group (SPG) leads for primary care financing. The key responsibility at the SPG level will be to ensure matter such as the fair allocations of non-contractual funding is proportionately distributed and that financial risks are made transparent to each CCG.

10 Proposed Workstreams to support JC

- The Joint Committee will have a number of operational subgroups to support the work of the Joint Committee
- The subgroups will function to support the majority of the primary care co-commissioning work. Each subgroup will report into the Joint Committee where decision making over the relevant functions will take place.
- The first meeting of the Joint Committee will discuss and approve the subgroups and their function

11 Benefits of co-commissioning

- Improved engagement with patients, public and stakeholders to give them a greater voice to influence general practice and how it evolves
- CCGs can enhance locally and clinically-led commissioning of core and enhanced general practice services with ability to influence transfer of budgets from acute to primary care/OOH
- CCGs can use local knowledge/experience for planning and dialogue to support transformation
- The components of transformed primary care across SWL per our 5 year strategic plan are: Development of Practice Networks, Estates, IT, Workforce, Coordinated & Proactive care



Co-commissioning Primary Care Plan on a Page

