
Delegated responsibility for the Commissioning of General Medical Services (GP services)

Purpose of Report

1. To update the Committee regarding the CCGs delegated responsibility for the commissioning of GP services.

Background

2. In January 2015 the Committee received an update on the process and the progress of the CCG taking on the delegated responsibility for the commissioning of GP services.
3. The CCG has since received approval from NHS England to take on this responsibility. The CCG Board has approved a delegation agreement that sets out the legal basis and arrangements that apply in relation to CCG exercising its delegated functions.
4. The CCG negotiated local terms into the delegation agreement with NHS England to reflect that the CCG would not assume full delegation until 1st July 2015.
5. The local terms negotiated into the agreement were approved by the CCG Board in order to ensure that there was a safe and managed transition of functions to the CCG. The CCG Board will be receiving an assurance of the transition of functions at its Board meeting in July 2015.
6. The CCG has established a Primary Care Commissioning Committee. The Committee has the responsibility to exercise the functions specified in the delegation agreement in accordance its statutory powers under section 13Z of the National Health Service Act. The Committee will be meeting in public from July 2015.
7. The CCG does not have a responsibility with the delegation agreement for the management of individual GP performers that remain the responsibility of NHS England.
8. The Primary Care Commissioning Committee has to date been meeting in shadow form to manage the safe transition of commissioning functions into the CCG and put in place robust governance arrangements and sound systems and processes as part of a managed handover with NHS England.
9. The addition of delegated commissioning to the CCGs portfolio has required additional investment in support staff. The CCG structure has been reviewed and additional posts have been established and recruited for all of the functions supporting delegated commissioning.
10. The CCG has a delegated Annual Budget as at April 2015 of £38,030,807 for the commissioning of GP services. NHS England will continue to provide the full range of transactional finance functions until April 2016.

Challenges

11. The CCG has previously shared its Primary Care Development Strategy with the Committee that describes the way in which the CCG was discharging its statutory duties to improve the quality of primary care.

12. The strategy describes the challenges facing primary care in Dudley. Those pressures and demands remain with rising workload and pressure, set against a reducing and less resilient GP workforce.
13. The CCG has been approved as a National Vanguard to develop a new model of care in Dudley. Our core objective is to support population-based health and well-being: for the person, registered with their GP, with the GP as the main co-ordinator of care, organised around the concept of mutual-networked care.

Plans

14. The CCG plans for the delegated commissioning of GP services are integral to the development of the new models of care in Dudley.
15. The GP has overall responsibility for the care for the person and the services in the practice organise around this. The CCG model is divided into three component parts: general health care and access to specialities, continuity of care for people with long term conditions, and frailty and end of life care.
16. The CCG plans for the commissioning of GP services supports the development of new models of care, and are focussed on the same component parts. Specifically:
 - Access: to enhance the ways in which patients access services from General Practice and commission those services over seven days. The CCG recognise that access is one of the biggest single issues for patients and the attached summary of the GP survey results demonstrates the challenges that the CCG is inheriting based on patients experience recorded through the GP survey.
 - Continuity of care for people with Long Term Conditions: to create and commission an alternative contract for the management of patients with long term conditions that enables GPs to spend more consultation time managing patients with long term conditions, and the frail elderly.
 - To create and commission shared outcome measures so that the hospital and the community services and GP contracts are aligned so that clinicians are all working to the same outcome for the same group of patients.
 - Workforce planning: to work with the practices and the new models of care team to undertake detailed workforce planning and resilience mapping.
17. A timetable has been produced and submitted to the new models of care National team that incorporates the work programme and timetable for managing the changes to the community services, hospital and GP contracts.
18. The contractual changes in relation to the commissioning of GP services will reduce (unwarranted) variation, improve efficiency, reduce waste, and improve patient experience.

Recommendation

19. It is recommended that that the Committee receive this update for assurance



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List of Background Papers
GP Survey Summary: Access Measures