

East Sussex HOSC briefing - CCG commissioning of GP services in East Sussex

Background

The purpose of this briefing is to give more details regarding the recent decisions by EHS and HWLH CCGs to accept devolved responsibility for commissioning GP Primary Care; and describe any implications for East Sussex patients.

Since 1 April 2013 Clinical Commissioning Groups (CCGs) have been responsible for commissioning the majority of NHS services, with the exception of primary care services (GPs, dentistry, optometry, pharmacy) and a range of specialist NHS services, which were retained by NHS England.

As independent contractors, GPs are in charge of running their own practices as businesses, either alone or in partnerships. This independence means that they are responsible for employing their own staff and providing adequate premises from which to practice. The majority of their income comes from the NHS through arrangements known as the General Medical Services (GMS) Contract, which specifies what GPs are expected to do and provides funding for this work. The GMS contract is agreed nationally. A smaller number of practices are funded through Personal Medical Services (PMS), a locally-agreed alternative to General Medical Service (GMS).

1. Delegated Responsibility for GP Primary Care Commissioning

- 1.1 In November 2014, following the publication of the *Five Year Forward View*, NHS England offered CCGs the opportunity to take on more responsibility for co-commissioning GP services from April 2015, in recognition of the benefits of local clinical leadership in shaping services to best meet the needs of the communities they serve. HOSC should be aware that this related solely to GP services, and not pharmacy, ophthalmology or dentistry, which will continue to be commissioned by NHSE.
- 1.2 At that time, all three CCG governing bodies in East Sussex took the view that assuming responsibility for commissioning GP services from April 2015 was entirely consistent with the key shared aim under *East Sussex Better Together* - to invest in primary and community-based care, facilitate integrated local health and social care provision, provide greater resilience for our practices, and an improved experience for patients.
- 1.3 Any such changes would require a significant change to CCG constitutions, and as such required a formal ballot of local member practices. The majority of Eastbourne, Hailsham and Seaford, and High Weald Lewes Havens CCG members voted in favour of these changes. Hastings and Rother CCG members voted against. This means the former accepted the new responsibilities, while NHSE continue to commission GP primary care for Hastings and Rother.

- 1.4 Eastbourne, Hailsham and Seaford CCG and High Weald Lewes Havens CCG were among 64 CCGs nationally (out of 211) to assume delegated commissioning of GP services from April 2015. Member practices in both CCGs agreed that this would allow local interpretation of national policy to help deliver improvements to healthcare as part of *East Sussex Better Together*.
- 1.5 Hastings and Rother CCG was one of 61 CCGs nationally to remain at Level One commissioning arrangements for GP services. In line with LMC guidance, members felt that delegated commissioning was appropriate but expressed concerns around the readiness to assume this responsibility in the given timescale of 1 April 2015 and were more cautious about taking on these responsibilities before the full details were worked through. Instead the CCG anticipates assuming delegated commissioning from 1 April 2016.

2. The transition to delegated commissioning

- 2.1 Eastbourne, Hailsham and Seaford CCG and High Weald Lewes Havens CCG have been working alongside the NHS England team during April May and June to shadow them and ensure a smooth transfer to delegated commissioning. A robust project plan is in place for both CCGs.
- 2.2 Governance Structures have been established and staff appointed to assume the additional workload

3. Delivering benefits for CCG Patients through the use of Co-commissioning Freedoms

- 3.1 One of the primary reasons the CCG membership voted for Co-commissioning was the belief that that it will deliver benefits for patients and member practices. As the GMS contract is negotiated nationally, the same range of services offered under this contract will be maintained. Contracts with GP practices will continue to be managed and payments made to GP practices in a timely manner. Over time however, as the commissioning of primary care is better aligned with ESBT, it is anticipated that patients will benefit from a much more joined up approach to commissioning of all health and social care.
- 3.2 During 2015/16 the CCGs will ensure a safe transfer of commissioning to the CCG and to put in place the short-term improvements that will both benefit patients and reduce bureaucracy, freeing up practice time to focus on patient care and strategic change, including the following.
- A safe and efficient handover and transfer of skills from NHS England to the CCG Co-commissioning function
 - Simplify and Reduce Practice Administration
 - Aligning primary care services with ESBT
 - Plan investment in the Primary Care Workforce to deliver new models of care
- 3.3 In the medium to long term, the CCGs will build on these foundations to deliver sustainable change in services for patients, including the following.
- Using Co-commissioning to help deliver new models of out-of-hospital care (Reshaping Primary Care Services and aligning to ESBT objectives)
 - Development of a premises strategy, IT, and development plan aligned with new ESBT service models

- Explore the possibility of commissioning services from Federations (rather than individual practices) for single services.

4. Continuing CCG support for primary care in Hastings and Rother CCG

- 4.1 Although Hastings and Rother CCG member practices did not elect to assume delegated commissioning from April 2015, the CCG continues to support the development of primary care in the area in recognition of its importance in achieving our aims under *East Sussex Better Together*.
- 4.2 The CCG is confident that practices in Hastings and Rother will be in a strong position to learn from neighbouring CCGs when considering primary care commissioning from April 2016.

5. Managing Conflicts of Interest

- 5.1 CCGs are membership organisations, led by the GPs in their areas. As the CCGs are now managing contracts which make up the majority of their practice income, care has been taken to ensure any conflicts of interest are managed transparently and without any perceived or real advantage to Governing Body or other CCG members. This is managed in the following ways.
- The creation of separate committees, chaired by independent lay members of the Governing Body, to ensure good governance. The committees are comprised of CCG executive team members, and representatives of the Local Authority, NHS England, Healthwatch, and the Local Medical Committee. GPs are represented on the committees, which are held in public, but are in the minority and there primarily in an advisory capacity, not being party to any decision in which they are conflicted. This ensures the proper management of conflicts of interest, while ensuring alignment with the overall CCG strategic objectives including ESBT.
 - The adoption of a Conflicts of Interest policy, requiring each CCG member practice to declare any interests which will enable these to be managed according to a strict protocol. The CCG register of interests is published on the CCG websites.

6. Conclusion

- 6.1 This briefing has described how the commissioning of GP primary care services is being taken forward in East Sussex. The CCG Governing Bodies are confident that this will improve the patient experience through better alignment of commissioning levers to deliver whole care pathways.

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