

**LMC Discussion Paper on Somerset CCG and Primary Care Commissioning**

**September 2016**

**Background**

It is generally accepted that the decision in the 2012 Health & Social Care Act to separate primary care secondary care commissioning has not been a success, and as we move towards much closer system integration this separation could well prove increasingly troublesome. At the same time, progressive funding cuts for NHS management have substantially degraded the capacity of NHS England to do anything more than nominally manage its primary care contracts, so it was a logical decision in 2014 to seek to move at least the “operational” elements of GP commissioning from April 2015 to CCGs who already had a responsibility for ensuring the quality of primary care.

Initially Somerset CCG elected for “Joint-commissioning” which shifted a proportion of day to day contract work to the CCG under the aegis of a Joint Commissioning Committee, chaired by a CCG Non-executive Member but including NHSE Area Team representation and an external GP

**Options for Change**

The CCG now wishes to review this position, noting that more than half of CCGs have accepted fully delegated responsibility for primary care services. Understandably, NHSE would like to see all CCGs adopt the same position, but moving to delegation does not mean that NHSE would have no role. It would, however, withdraw to a supervisory and co-ordination function along with the provision of certain statutory roles such as complaints handling.

As a membership organisation the CCG is required to consult its constituent practices before making a decision to request a change in its co-commissioning status, which is why practices have recently received a request for their views along with a hefty pack of supporting documents. The LMC was disappointed that only two weeks have been allowed for the consultation (views must be submitted to [enhancedservices@somersetccg.nhs.uk](mailto:enhancedservices@somersetccg.nhs.uk) by 30th September) so this brief paper is intended to summarise the options.

Realistically, the choice lies between whether the CCG should continue with joint commissioning or move to full delegation. We should note that the track record of previous ‘optional’ changes in the NHS – such as Foundation Trust status - suggests that soon after early adopters have taken them up they become the default option for most providers, leaving only those unable to change languishing in their original position. Thereafter, system developments tend to assume that everyone has moved on, so there is a risk that opportunities (and sometimes funding) will be denied to those who can, or will not, do so.

**Full Delegation**

The broad areas that are included in full delegation are:

* Current NHSE Enhanced Services
* Local Primary Care Incentive Schemes
* Decisions on opening , closing or merging practices
* Discretionary payments
* Commissioning urgent care for out of area registered patients (if there are any!)
* Planning and reviewing primary care medical services in the locality
* Premises costs direction functions
* Managing poorly performing practices (but not individual GPs)
* Management of the delegated budget

However, that does not mean that NHSE will let go entirely. Their draft paper on delegation says *“CCGs will establish governance arrangements which enable decisions to be made in accordance with NHSE policy and guidance and in a timely way”* and the NHSE Primary Care Medical Commissioning Team will continue to provide support to CCGs. Pharmacy, Dental and Optometric contracting will remain with NHSE and interestingly current NHSE staff performing delegated roles will be seconded and not transferred to CCG employment

The paper also includes a lot of technical detail about just how the CCG is expected to handle or process various events and payments, so it is worth practices keeping a copy for future reference. It also includes some useful template letters for all sorts of eventualities, including, cheeringly, how to communicate to patients that the practice has been closed down with immediate effect by the CQC!

**Pros and Cons of Delegation**

Accepting delegation will mean that Somerset CCG joins the majority of CCGs who have already done so and will give it significantly more direct control over the day to day management of primary care medical contracts. Most of us believe that the CCG is closer to, and better understands, Somerset practices than NHSE, and as the Strategic Transformation Plan develops there is clearly advantage in having control of the resources inside the “footprint” rather than in the increasingly nebulous Area Team. The CCG will continue to run these contracts within the NHS Regulations and established principles, so there are unlikely to be dramatic changes.

On the other hand, transferring the contracts also transfers the associated risk and once funding is within the CCG baseline practices need to be sure that some of the current peripheral resources that are not part of core contracts continue to be available as the funding position tightens. But over the last three years the CCG has consistently been more keen to invest in primary care that has NHSE, and there seems little reason to believe that this will change. Initial concerns from the GPC about the capacity of CCGs to manage primary care seem largely to have been allayed, especially as Area Teams have developed support services for them and experience is shared across the Region.

V1.0

14 09 16