

Co-commissioning Primary Care

Expression of Interest : Executive Summary

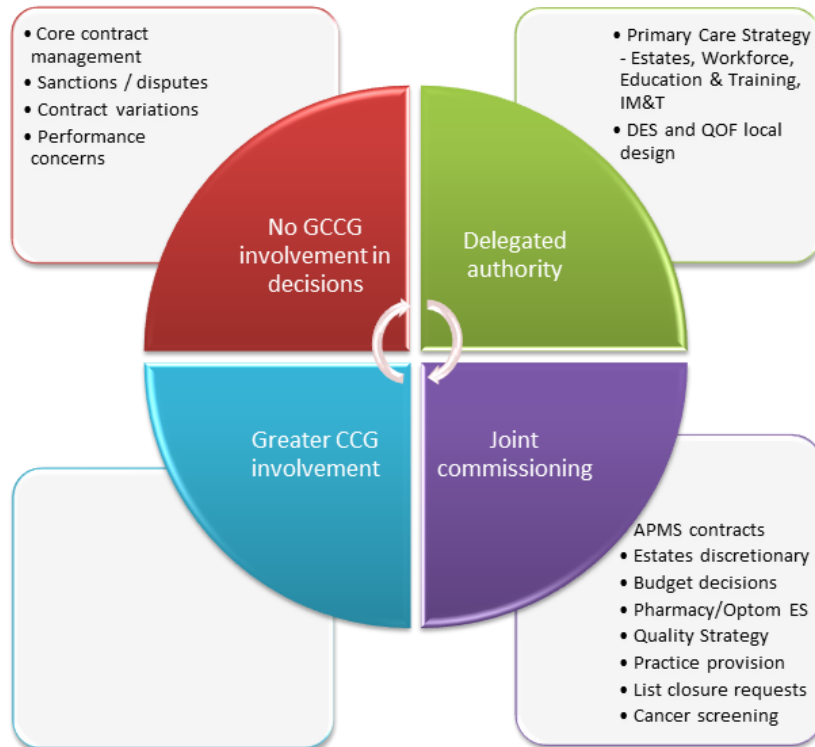
Overview

Gloucestershire CCG (GCCG) recognises the growing pressures on primary care, relating to constrained funding growth, workforce, rising patient consultations and prevalence of chronic disease, along with a history of estates under development. In our five year plan, *Joining Up Your Care (JUYC)*, we expressed our ambition to work together as a community, in a more joined up way, to transform the quality of people’s care with primary care at the centre of an out of hospital system.

We therefore have taken the opportunity offered by NHS England to express an interest in co-commissioning of primary care medical services, which we believe is integral to successfully delivering this ambition through flexibility to implement national priorities locally, utilising Gloucestershire clinical leadership and intelligence.

Scope and nature of Gloucestershire’s co-commissioning

In developing this expression of interest, we undertook an initial options appraisal informed by consideration of the benefits and risks of co-commissioning for our CCG across the spectrum of functions undertaken by the Area Team. From this, and through engagement and consultation (see below), we developed an outline of our proposal that we believe maximises benefits while minimising risks. This is shown in outline below:



Benefits of Gloucestershire proposal

Co-commissioning functions	Benefits realised
Primary Medical Care Strategy	<p>Accountability for developing our own Gloucestershire Primary Care Strategy will allow us to:</p> <ul style="list-style-type: none"> • Deliver on our aspiration of placing primary care at the centre of out of hospital care plans. Supported by ‘wrap-around’ community, mental health and social care services to provide greater integration of services. • Enhance patient participation across pathways. • Deliver an Estates strategy that supports quality improvement and identifies priorities for investment while aligning with wider community infrastructure. • Locally developed workforce plan that reflects the current and future workforce challenges to support a sustainable primary care for the future. • Local Clinical leadership to support development of new models of primary care, working with member practices to deliver innovative ideas. • Create local ownership of the strategy, supporting delivery ‘bottom-up’.
Delegated authority for designing DES’, ‘local’ QOF / Joint commissioning APMS contracts	<p>Through assuming responsibilities (delegated and joint) for these functions, we will be able to operationalise in a way that best fits Gloucestershire, providing:</p> <ul style="list-style-type: none"> • Reduced health inequalities and increasing quality by tailoring solutions to our local population. • A clinically led co-ordinated approach to enhanced services. • Aligning Directed Enhanced Services and local QOF with Clinical Pathway development to maximise the benefits realisation for patients.
Estates discretionary	<ul style="list-style-type: none"> • Implementing the estates strategy and prioritising capital investment to maximise the estate assets across Gloucestershire.
Budget decisions	<p>Through joint commissioning decisions with our Area Team, we can combine our sources of intelligence and expertise to ensure we have:</p>
Pharmacy and eye care ES’	<ul style="list-style-type: none"> • Funding prioritised in accordance with our Primary Care Strategy. • Pharmacy and Optometry enhanced services shaped to meet local needs.
Quality Improvement Strategy	<ul style="list-style-type: none"> • Jointly led development and implementation of quality assurance plans. • Increased information sharing will support improved identification of quality issues and appropriate intervention/support deployed.
Practice provision	<ul style="list-style-type: none"> • More opportunity to support GP practices who are struggling to deliver services to their patients.
List closure requests	<ul style="list-style-type: none"> • A much more joined up approach to Cancer screening to deliver better outcomes for patients.
Cancer screening	

Residual risks of Gloucestershire proposal

Title	Detail	Mitigation
1. Relationship with members	<p>1a. While our proposal ensures contracts remain with NHS England, member practices may interpret these arrangements incorrectly; potentially damaging relationships</p> <p>1b. Member practices may perceive this as ‘another change’ to the system, becoming disenfranchised and weakening our CCG</p>	<ul style="list-style-type: none"> • Comprehensive engagement with our member practices and the LMC including utilising our locality structure for two-way feedback • Clear and regular communication through different mediums • Robust governance policy
2. Engagement	2a. Meaningful engagement with patients, local authority, the H&WBB and other stakeholders is insufficient within deadline for expression of interest, meaning views are not expressed to the level of detail we would expect	<ul style="list-style-type: none"> • Initial engagement undertaken has been included within proposal • Further events planned • Comprehensive engagement undertaken for JUYC informed direction of travel
3. Governance	3a. Co-commissioning raises the potential for – at least perceived – conflicts of interest; which could result in reputational damage, legal implications and a breakdown of relationships	<ul style="list-style-type: none"> • We have clear decision making processes, lay and non-GP Board members. • Will undertake thorough review to strengthen existing arrangements • Cross-CCG assurance explored
4. Financial	4a. Budgetary positions for Gloucestershire are currently unknown, raising the risk that any joint commissioning may be hamstrung by a lack of financial resource that prevents sustainable change	<ul style="list-style-type: none"> • Requesting relevant information from Area Team to undertake due diligence. • Explore flexibility on financial arrangements to vary from the initial indications nationally
5. Resource	5a. Co-commissioning will require additional resource, which has been estimated to be within existing running costs. However, there is a risk that this will be insufficient	<ul style="list-style-type: none"> • Options of working jointly with others will be explored along with technology solutions • Further assessment to be undertaken

Next Steps

We are now awaiting the outcome of our expression of interest from NHS England.

It is important to note that this is only an expression of interest to co-commission. Our proposal was developed through responses received from localities and practices, by email and face-to-face, along with engagement with the LMC, fellow CCGs, the Health and Wellbeing Board, HealthWatch Gloucestershire, and Gloucestershire Voluntary Community Services Alliance. No final commitment has been, or will be, made without further extensive engagement with practices and our stakeholders once we receive notification from NHS England.

If you have any further questions, or would like to read the expression of interest in full, please contact Helen Goodey or Stephen Rudd.

Dr Andy Seymour

Deputy Clinical Chair

7th July 2014