NHS

Croydon, Kingston, Merton, Richmond, Sutton,
Wandsworth CCGs and NHS England

Paper 6. Overview of NHS England (London) Draft Operating Model: Co-commissioning of Primary Care Version 5

5th May 2015

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Defining Primary Care Co-Commissioning for SWL

Co-commissioning for primary care refers to the increased role of CCGs in the commissioning, procurement, management and monitoring of primary medical services contracts, alongside a continued role for NHS England.

In South West London we have opted for Level 2 Joint Commissioning with the NHS England (London).

Increasing CCG control

Level 2*: Joint commissioning arrangements

NHSE and the CCG(s) form a "joint committee" (or "joint committee in common") to support commissioning of primary care. Together they vary/ renew existing contracts for primary care, and commission some specialised services. Can also design local incentive scheme as an alternative to the Quality and Outcomes Framework (QOF) or Directed Enhanced Services (DES).

Responsibility remains with NHS England

At all levels of co-commissioning, NHS England will retain a role in supporting delivery of commissioning and contracting functions. Also the following responsibilities will remain with NHS England and will not be included in joint or delegated committees:

- Continuing to set nationally standing rules to ensure consistency and delivery goals outlined in the Mandate set by government.
- The terms of GMS contracts and any nationally determined elements of PMS and APMS contracts will continue to be set out in the respective regulations/ directions.
- Functions relating to individual GP performance management (medical performers' lists for GPs, appraisal and revalidation).
- Administration of payments to GPs.
- Patient list management will remain with NHS England.
- Capital expenditure functions.

Section 1.5 - "Responsibilities remaining with NHS England", Operating Model: Co-commissioning of Primary Care v5, P.7

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Decision making scope of the Joint Committee

#	Type of decision	Description	Committee requirement
1	Decisions to be made at the committee	The committee is required to make a decision	• Evaluate the information provided • Make a decision • Review and support implementation of decision
2	Decisions clear under approved policy	Some activities do not require a 'decision' because the action required is dictated by approved policy	• [In one of the first committees] Note the appropriate national policies • [In one of the first committees] Agree any local policies that will determine when decisions are brought to the committee • Review reports into the committee regarding actions taken under these policies
3	Urgent decisions which cannot wait till the next committee	There will be some instances where a decision needs to be made in a time frame which means it cannot be decided in the committee meeting.	• [In one of the first committees] Agree the types of decisions which are permitted to be made out of the committee • [In one of the first committees] Agree the method of decision making in urgent situations • Review reports into the committee regarding decisions made through the urgent process • Comment and adjust future processes if necessary • Wherever possible, policies should be built up to document agreed processes.

Section 2.1 - "Decision making scope", Operating Model: Co-commissioning of Primary Care v5, P.8

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Functions which will now be decided in the joint committee (Formerly NHS England) :

	Name	Function	Estimated volume of activity across London (12 mths)	Committee decisions needed (section 2.5)	Decision possible with approved policy (s 2.6)	Need for urgent decisions (s 2.7)
Process 1	Determination of key decisions or requests	List Closure	20			
		Practice mergers/ moves	100			
		Boundary Changes	20			
		Securing services through APMS contracts	40			
		PMS (reviews etc)	Ongoing			
		Discretionary Payments	600			
		Remedial and breach notices	(Actual)			
		Contract termination-e.g Death/ Bankruptcy/ CQC	(Actual)			
		Contractual changes (contentious/ important)	100			
		Contractual changes (transactional)	650			
Proce s	Financial Processes	Ensuring budget sustainability	Ongoing			
		Management Accounting	Ongoing			
Process 3	Strategy & Policy	Securing quality improvement	Ongoing			
		Developing and agreeing outcome framework e.g. LIS	70			
		Securing consistent population based provision of advanced and enhanced services	50			
		Premises plans, including discretionary funding requests	200			

“Figure 2: Table showing former NHS England functions which will now be decided in the committee”, Operating Model: Co-commissioning of Primary Care v5, P.9

Decision making in the Joint Committee

Exactly how each Committee structures its decision making processes must be agreed by the Committees themselves. However, there are several key principles, such as the requirement for **there to be considerable engagement between NHS England and the CCGs outside of the committee.**

The following high level process flows have been created to demonstrate how we expect decisions might be made under co-commissioning.

Decisions made by the Committee (Process 1)

Some joint discussion and pre-work will be required in all decision making processes, but for decisions that are made by the Committee, it is likely that additional input will be required from both the CCG and NHSE in order to conduct the necessary preparation and where appropriate a recommendation into the committee, this is illustrated at the blue arrow, "Engagement process", in the process outlined on the next slide .

Decisions that can be made by agreed policy (Process 2)

As set out in "2.1 Decision Making Scope" (slide 4), there is a likelihood that Committees will wish to prioritise the Primary Care matters they choose to focus on. The Primary Care Committee's scope listed above contains elements where it is unlikely that a decision is required from the Committee, either because there is clear National or other policy which clarifies what action should be taken in different circumstances, or because the events are sufficiently high volume/ low risk, as to not be of sufficient concern to scrutinise in Committee meetings (for instance, minor transactional change to contracts).

Section 2.3 - "Decision making processes", Operating Model: Co-commissioning of Primary Care v5, P.9

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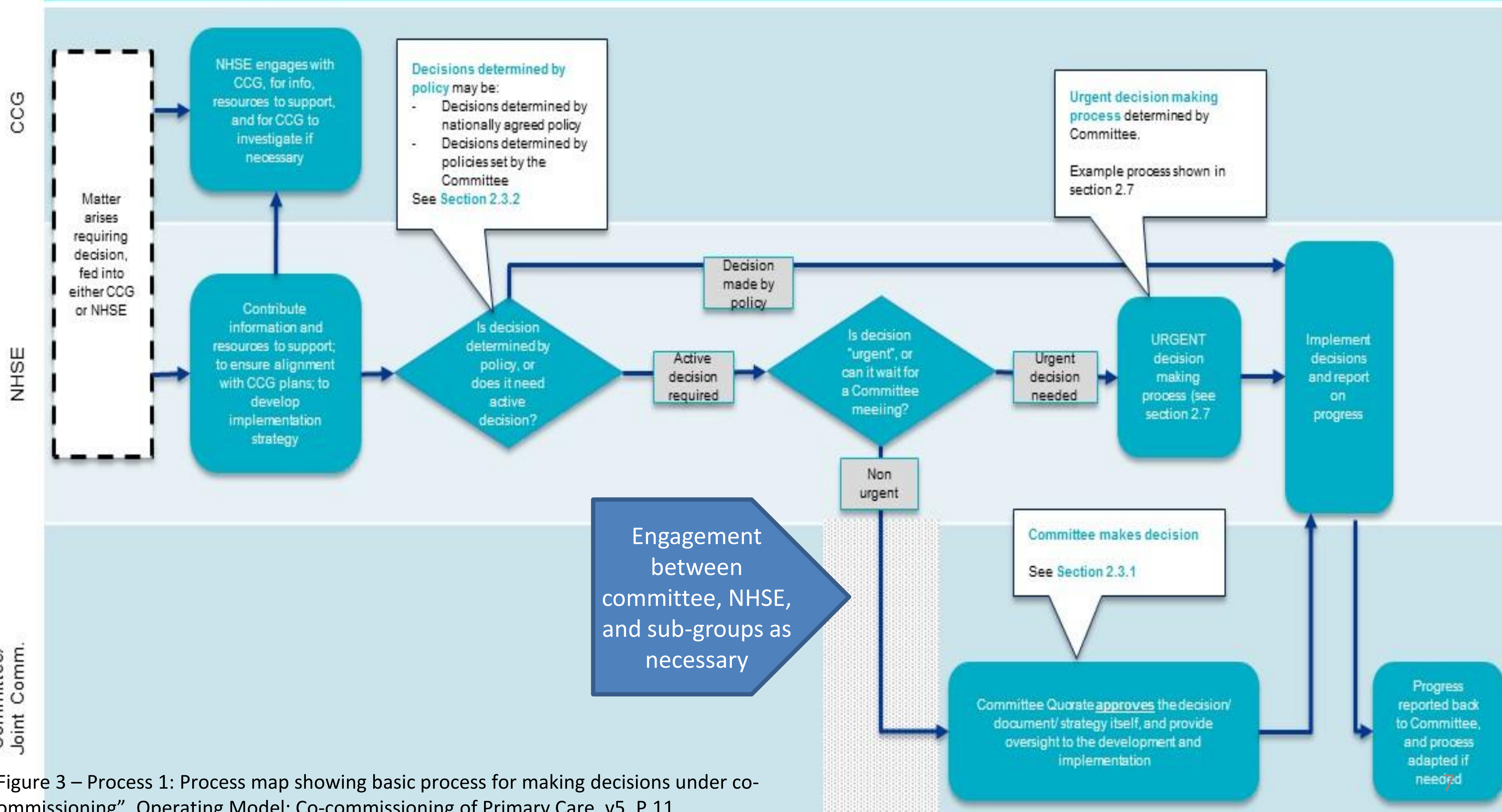
Process 1: Process map showing basic process for making decisions under co-commissioning



"Figure 3 – Process 1: Process map showing basic process for making decisions under co-commissioning", Operating Model: Co-commissioning of Primary Care v5, P.11

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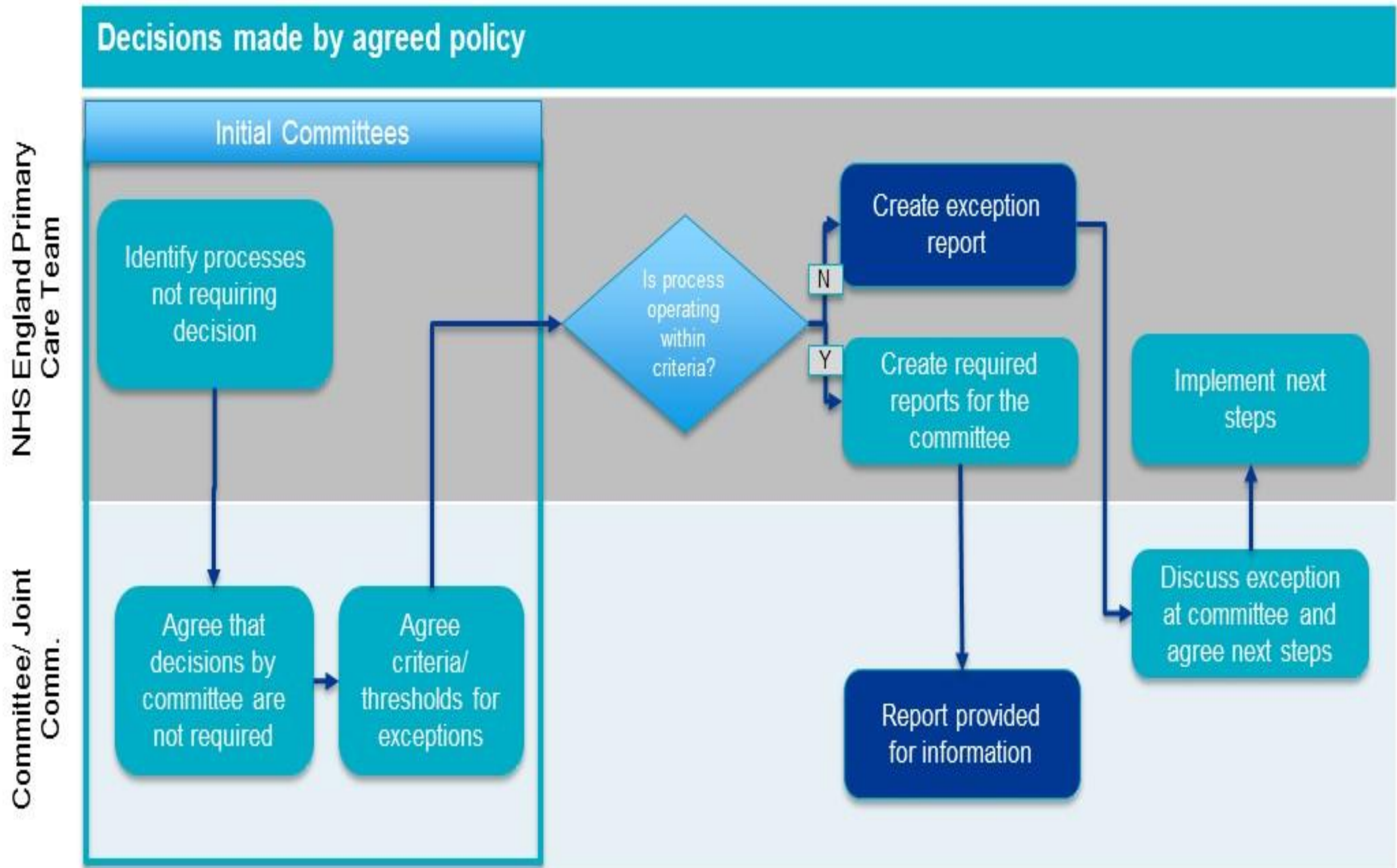
Process 2: Process map for making decisions by agreed policy



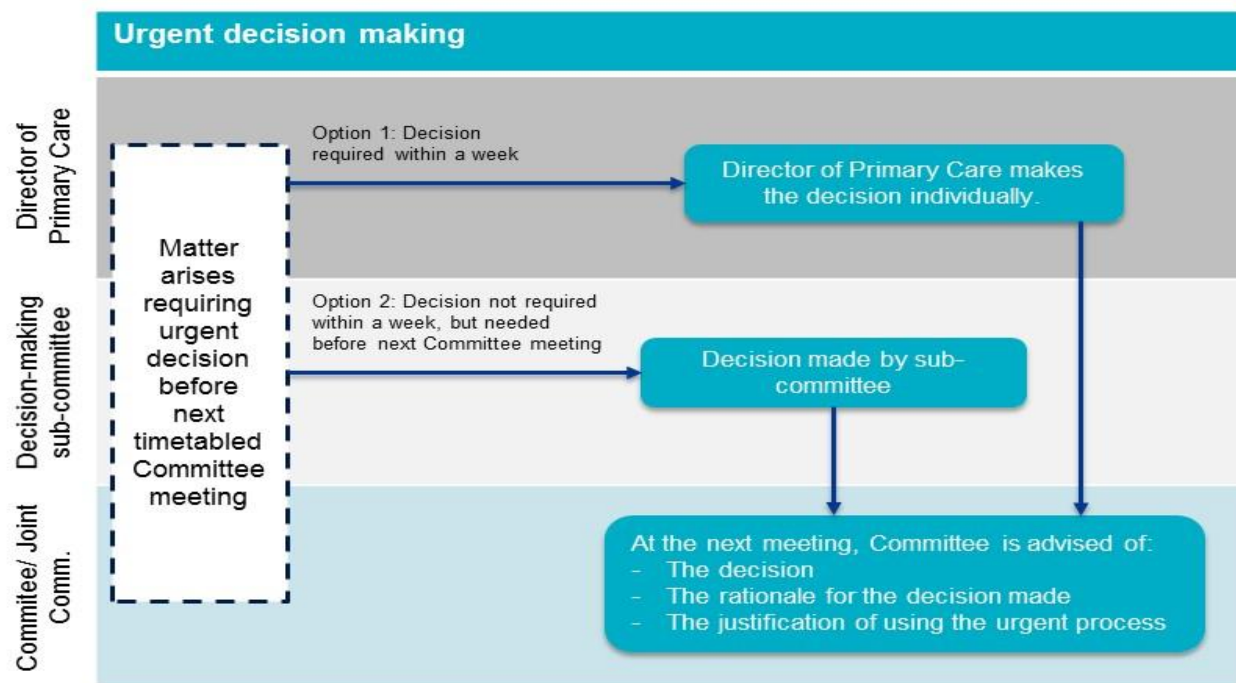
"Figure 4: Process map for making decisions by agreed policy", Operating Model: Co-commissioning of Primary Care v5, P.12

Process 3: Process map for urgent decision-making

It is important that the committee agree which decisions can be made in this way, the criteria required and the processes/ guidance for making these decisions. It may be appropriate that there are two levels of urgent decision making processes:

- A **decision making sub-committee** (details of the group below in "3.1 Committee/ Joint Committee constitution)
- The **Director of Primary Care** is used for immediate and necessary decisions.

Whichever of these two is enacted, as the process map below illustrates, any decision that is taken in this way will have to be fed back into the next Committee who will then be able to understand the reasons that the conclusion was reached.

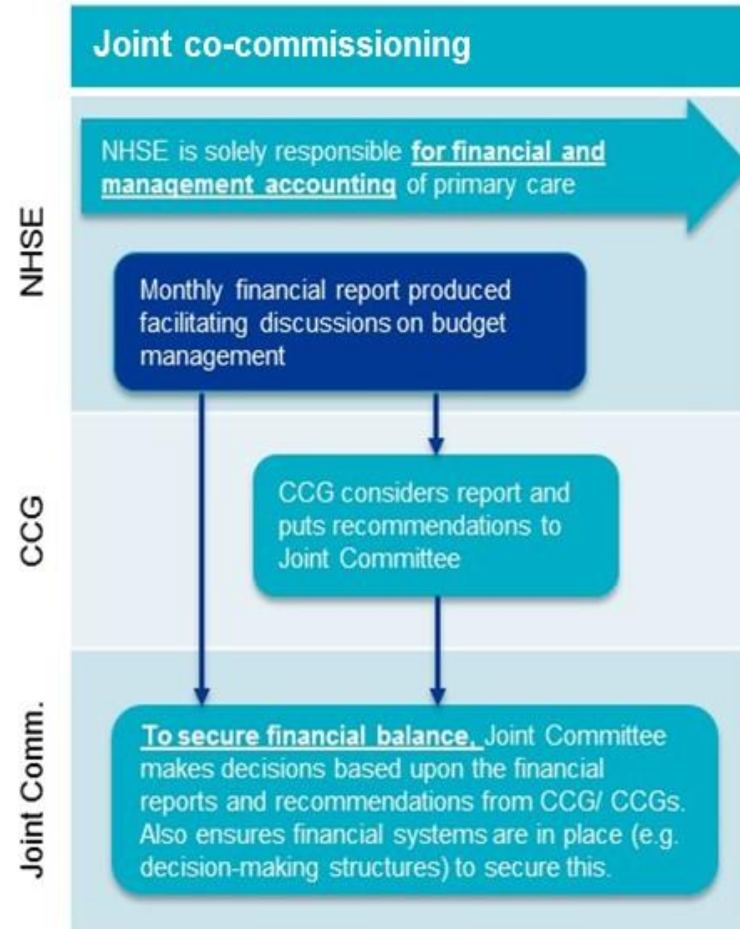


"Figure 5: Process map for urgent decision-making", Operating Model: Co-commissioning of Primary Care v5, P.13

Other decision-making processes – finance and strategy

For Joint Committees, NHS England will continue to do all financial and management accounting. However, it will produce monthly financial reports (for instance, covering spending against forecast and narrative on variance) for these Committees, which will allow them to take decisions on budget management – ensuring financial balance.

Process 4: Process map showing financial processes



Section 2.3.5 - "Other decision-making processes ", Operating Model: Co-commissioning of Primary Care v5, P.13

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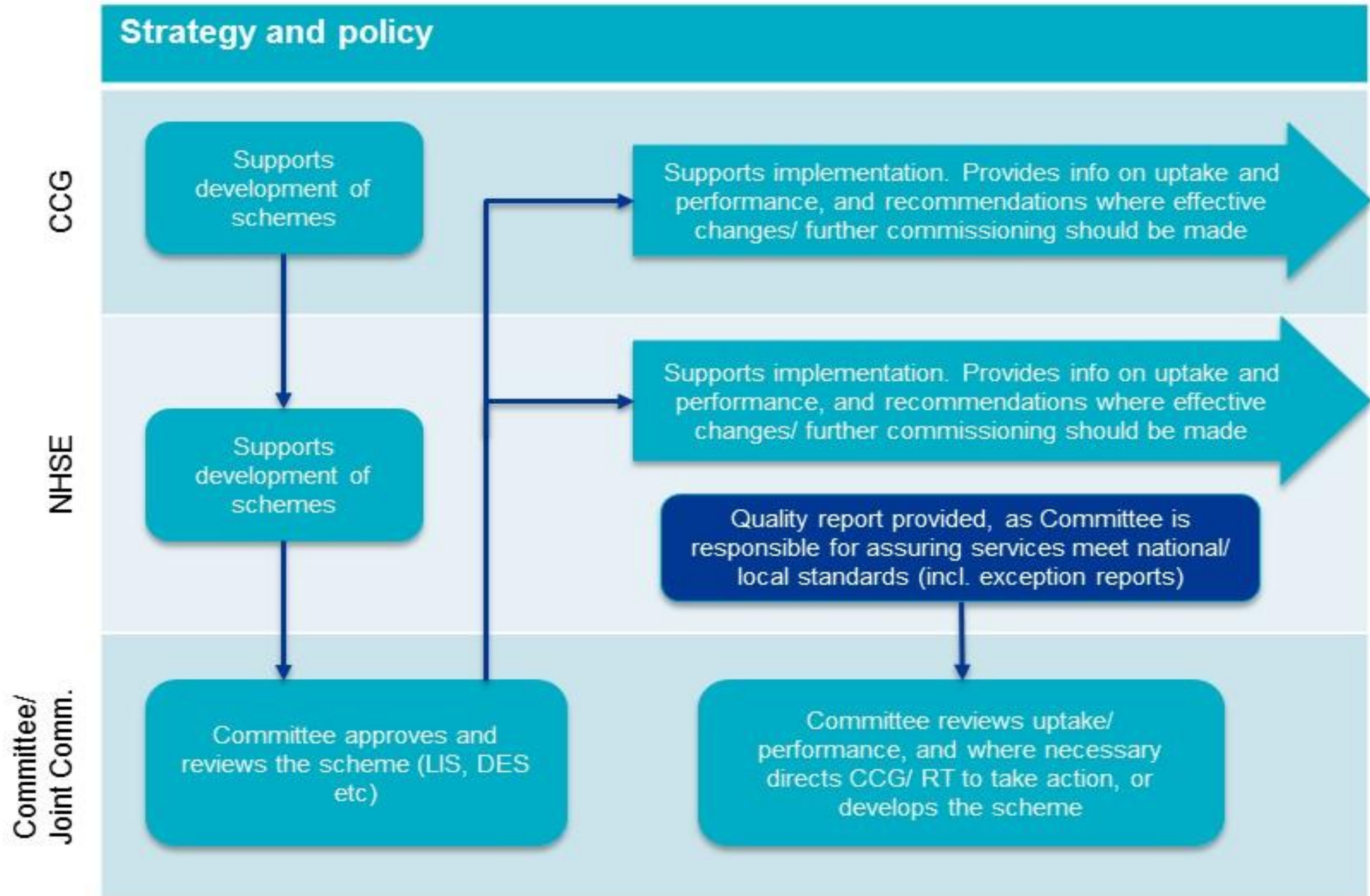
Process 5: Process map for strategy and policy processes

Decisions/ activities this applies to:

- Securing quality improvement
- Develop and agree outcome framework e.g. LIS
- Securing directed enhanced provision
- Advanced Service Provision



"Figure 6: Process map showing financial processes (Process 2)", Operating Model: Co-commissioning of Primary Care v5, P.15

Other potential Committee responsibilities

In addition to the above standard processes, there are other Primary Care elements which the Joint Committee is expected to be involved in. Some of these areas are listed below.

Figure 6: Other potential Committee responsibilities

Item	Committee Requirement
Appeals and disputes	Responsible for agreeing a policy and procedure for managing appeals and disputes submitted by GPs in relation to their GP contract.
Counter Fraud	Ensuring that proper processes are in place to prevent fraud within the NHS
Interpreting services	Ensure that patients can interpret services when using GP practices
Freedom of Information requests	Signing off FOI requests
Occupational Health	The committee shall ensure that GPs have access to occupational health services in accordance with national guidance
Controlled drugs reporting	The Committee is responsible for ensuring that practices are complying with legal requirements for use of controlled drugs and that CCGs and NHSE have proper controls in place to maintain patient safety. The RT will carry out reporting, analysis and compliance that aids this.
Safeguarding	To ensure that GP Practices have effective safeguarding systems in place in accordance with statutory requirements, national guidance and Pan London Policy/ Procedures. The CCG will proactively support Primary Care to improve well-being of children and adults, providing assurance to NHSE, whose role it is to ensure compliance with safeguarding standards.
Incident management	For both serious and non-serious incident management, the Committee is responsible for ensuring that there are proper processes in place for the reporting and review of incidents, so that they can be identified and managed. The CCG and NHS E will support and contribute to investigations, as required.
Domestic Homicide Reviews	The Committee will ensure that GPs contribute to domestic homicide reviews, where necessary. The CCG and NHS E will support this where their resources are appropriate.

Section 2.4 - “Other potential Committee responsibilities”, Operating Model: Co-commissioning of Primary Care v5, P.13

Governance and Membership

Committee constitution

While much of the decision-making processes will be determined by Committees/ Joint Committees, the constitution of the Committees themes have been set by NHSE, as a condition of co-commissioning.

Other Committee attendees

In the interests of transparency and the mitigation of conflicts of interest, a local HealthWatch representative and a local authority representative from the local Health and Wellbeing Board will have the right to join the joint committee as non-voting attendees. This will help to support alignment in decision making across the local health and social care system.

Please refer to the MOU NHSE London "Paper 3. Primary Care Co-Commissioning Memorandum of Understanding Core Principles V1.4" and SWL CCGs MOU for additional information on governance

Section 3 - "Governance and People", Operating Model: Co-commissioning of Primary Care v5, P.16

Meeting in private:

As standard, the Committee meetings will be held in public. However, the Committee may require to close part of the meeting on account of the matters to be discussed. It may be appropriate for the committee to seek th views of the audit chairs once a definition of this policy has been created for each committee. Below are some criteria which Committees may wish to consider:

- Whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings; or
- If the discussion is commercially sensitive; or
- Where the matter being discussed is part of an ongoing investigation; or
- For any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

Otherwise, Members of the Committee shall respect confidentiality requirements as set out in the CCG Constitution and Standing Orders.

Section 4.2 - “Meeting in private”, Operating Model: Co-commissioning of Primary Care v5, P.17

Voting in the Joint Committee

The Committee should aim wherever possible to make decisions by consensus. However, where this is not achieved, a voting method will need to be used.

The voting process will determined by a simple majority of members present. Absent members will not be allowed to vote – unless agreed with the Chair beforehand.

Each "voting" member of the Committee will have one vote, and the voting power of each group (CCG members and NHSE staff) should amount to 50% of all voting power. This can be achieved by either:

- Selecting voters, so that the number of NHSE voters is equal to the number of CCG voters; or by
- Weighting the votes of either side, so that each group represents 50% of total voting power.

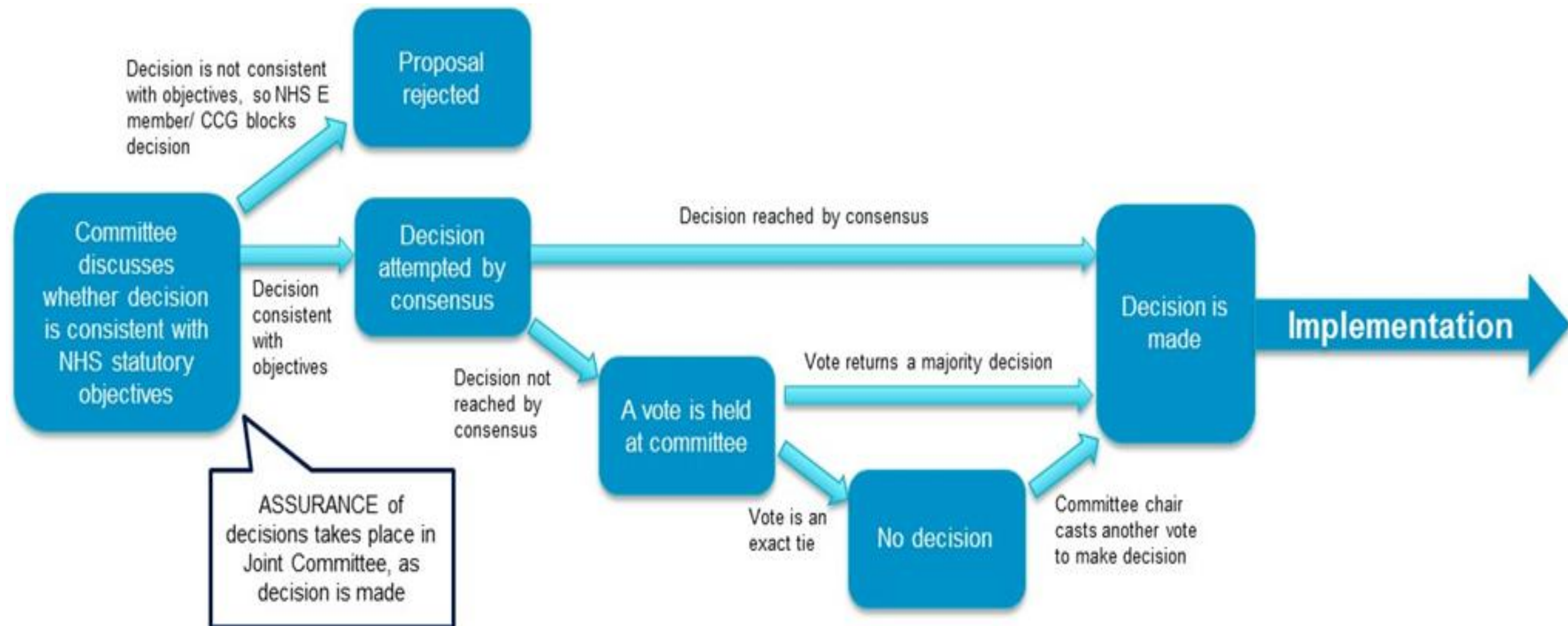
In cases where the vote has not determined an outright decision, the Chair will have a second, deciding vote. The Committee can only take decisions if Quorate is reached.

<u>Assurance</u>

Both NHS England and CCGs will also have a casting vote, in cases where their statutory objectives might be undermined. In Joint Co-Commissioning Committees, this casting vote can be used during the voting process.

Section 4.3 - "Voting process", Operating Model: Co-commissioning of Primary Care v5, P.17

Figure 12: Voting Process in a Joint Committee



“Figure 12: Voting Process in a Joint Committee”, Operating Model: Co-commissioning of Primary Care v5, P.20

Approval

The Joint Committee is asking to endorse the following:

- Functions of the Joint Committee
- Decision making process within in the Joint Committee
- Decision making process for making decisions by agreed policy
- Decision making process for urgent decisions
- Process for strategy and policy processes
- Other potential Joint Committee responsibilities
- Voting process in the Joint Committee

I ___________________________________endorse these items

Signed ______________________________

Date ______________________________