surrey and sussex lmcs

Dear Colleagues

Co-Commissioning: Making the Right Choice

FAQ's Co-Commissioning

1 What is Co-Commissioning?

Co-commissioning is a mechanism proposed by NHS England to involve CCGs in the commissioning of primary care contractual arrangements. Full details of NHS England's proposals are available in their guidance 'Next Steps in Primary Care Co-Commissioning' which is available at http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf and also on the LMC Website

2 What models are being proposed?

NHS England has proposed three models:

Model I "Greater Involvement"

- Closer collaboration by CCGs with Area Teams around primary care
  This represents no substantial change but encourages better engagement by CCGs with the Area Team

Model II "Joint Commissioning"

- CCG(s) and Area Teams create joint committees or 'committees in common' which have shared responsibility for primary care commissioning

Model III "Delegated Arrangements/Co-Commissioning"

- CCG assumes full responsibility for delegated primary care commissioning

3 What primary care functions or responsibilities might be available for CCG joint or delegated commissioning?

The joint NHS England : CCG Oversight Group has suggested the following may be suitable for joint commissioning or full delegation

- GMS, PMS and APMS Contracts
- Approval of practice mergers
- Establishing new GP Practices (under existing procurement rules)

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- Deciding certain discretionary payments (retainers/returners)
- Historic Local Enhanced Services (now Locally Commissioned Services) and DESs
- Property Costs
- QOF or alternative 'local incentive schemes'

Management of GP appraisals, revalidation, and Performers List Regulations and individual practitioner performance issues will not be delegated

The listed responsibilities are the same for both joint and delegated Co-Commissioning, but with joint commissioning there appears to provide discretion over listed functions, whereas with delegated commissioning, there appears to be no discretion, and all listed functions 'will be' delegated.

4 What decisions do CCGs have to make?

CCGs are being asked to make a choice in terms of which Model to adopt.

The timetable put forward by NHS England is very tight.

If a CCG opts for delegated co-commissioning (Model III) it must inform NHS England by 9th January 2015.

If a CCG opts for joint co-commissioning (Model II) it must inform its Area Team by 31st January 2015.

CCGs that choose to take no action, and continue with current arrangements (Model I) need take no action, as no new working arrangements need to be put in place.

5 How are CCGs making their decisions?

Your CCG should be contacting you to explain what its proposals are, and how it is engaging local General Practitioners when making a final decision

These proposals arguably represent the most fundamental changes in GP contractual arrangements for decades.

The LMC believes all CCGs – as membership organisations – should ballot General Practices and obtain a mandate for their co-commissioning proposals. Although other stakeholders views are important General Practitioners are by far the most affected by the choice your CCG will make, and in the LMCs view CCGs should only put forward proposals that are explicitly supported by the General Practice membership of the CCG.

All General Practitioners should take time to inform themselves of their CCGs proposals and discuss these within their practices, and carefully consider the implications before indicating their view to the CCG.

The LMC is providing substantial background information about co-commissioning, but if you have any queries please contact the LMC Office

6 What are the risks?

In the LMC's view there are very substantial risks that General Practitioners should consider before opting for Models II and III.

Model I is essentially the status quo, and represents the least risk, being a no-change option, in terms of current GP contractual arrangements. NHS England has made it clear that PMS contracts are not entitled to nationally negotiated terms and conditions within the Statement of Financial Entitlements (SFE). GMS contractors **are** entitled to such protection.

National arrangements means PMS and GMS contractors are treated equitably by NHS England as contractual changes are negotiated; many CCGs have indicated they will not seek to change contractual terms and this may indeed be the policy of current CCG Governing Boards, particularly when, as now, practices are being asked to make an initial decision. However, this creates **no** future guarantees for PMS contractors.

National agreements that may be at risk include

- PMS contractual terms
- QOF
- Access to DES's (Direct Enhanced Services)

This is why the LMC believes Model III is a high-risk option in terms of the future security and stability of General Practice and should only be contemplated by General Practitioners who have full confidence in current and future CCG managerial and governance arrangements and are willing to risk national agreements being replaced by local ones.

7 My CCG believes co-commissioning is the only way to secure investment in local General Practice

This is simply not true, unless CCGs are considering making use of current QOF or DES funding.

CCGs already have the option of investing in primary care via Locally Commissioned Services (LCSs), which have replaced Local Enhanced Services.

Your LMC has worked closely with your CCG to encourage development of LCSs in your area: this is an entirely flexible contractual model that could be used by the CCG to prioritise local services. CCGs do not need additional contractual arrangements, however, the LMC is concerned that the budgets attached to the DESs and QOF may be used to fund local investment with no guarantee that practices will be able to cease much of the workload associated with, particularly, QOF. NHS England has confirmed that current data extraction arrangements from practices will continue.

It is important for practices to realise that Model II and III co-commissioning arrangements involve no additional funding being transferred to CCGs.

8 What about Conflicts of Interest?

Exactly.

The LMC is extremely concerned that the potential conflicts of interest that already exist as General Practitioners work within CCGs will be exacerbated by co-commissioning Models II and III. Realistically, it is impossible to take any other view, and NHS England acknowledge this within their proposals, noting that additional governance processes will be required.

The LMC believes co-commissioning has the potential to further disengage General Practitioners from the decisions made by CCGs, or result, paradoxically, in GPs not local to their communities being brought in from other areas to participate in local decision-making in an effort to address COIs. The alternative is that only NHS Managers will be considered suitable to make such decisions.

Although the Area Teams may seem remote, they have no Conflicts of Interest in relation to QOF, DESs, retainer/returner funding, premises funding, and in GMS/PMS Contractual decisions. NHS England has robust corporate governance arrangements which are secured by national arrangements and can be negotiated and challenged – at a national level. The LMC believes this results in a substantially more protected contractual environment for all General Practitioners.

9 What is excluded from co-commissioning?

All Area Team functions related to appraisal revalidation, the Performers List Regulations, and individual GP performance matters have been excluded from the co-commissioning process by NHS England.

At present, contractual matters in relation to pharmacy, optical and dentistry providers are also excluded, although NHS England indicate this may change in the future.

10 Do CCGs have a choice?

Yes, CCGs can choose any model.

Unfortunately CCGs do not have an option of choosing from a menu of joint or delegated co-commissioning options. It is all or nothing.

This is disappointing, as with appropriate protection the LMC would have supported the delegation of certain responsibilities, such as a DESs to CCGs, giving the option of either offering these to practices, with local reporting and monitoring, or developing supplemental locally commissioning services focusing on particular practice services.

This possibility was raised at this month's General Practitioners Committee meeting, and may become an option in the future.

11 Why is this happening?

There are a number of explanations, which depends on your perspective: in this analysis the LMC assumes your practice will receive a CCG perspective which, whilst noting risks, will be generally positive in terms of Model II and particularly Model III, full delegation, and the LMC believes it is important to highlight alternative views.

One view is that NHS England wishes to withdraw from its commitments in relation to primary care commissioning and delegate decision-making, and responsibility for this budget to someone else; the only realistic local contenders for this role are CCGs, or, possibly, Local Authorities.

At present, and, if Model I is chosen in the future, the Area Team has and will continue to have statutory responsibility for primary care commissioning and cannot evade this. The primary care budget (GMS/PMS/QOF/DESs/Premises Directions reimbursement/and SFE Entitlements) are ring-fenced at Area Team level, but for PMS contractors, there is no guarantee this will continue to be the case under delegated commissioning arrangements.

It is not the case that delegated commissioning will produce extra money, nor is it the case that the CCG needs delegated commissioning to occur to properly invest in primary care, see FAQ 7 for more details.

An alternative view is that CCGs believe, and have convinced NHS England, that they need control of the contractual levers of primary care (through breach and remedial notices and the ability to modify contracts, in the case of PMS practices) in order to "manage" primary care.

The LMC believes this is true, and moreover, believes that unless practices are fully confident in your current and future CCG management, this is in fact a potentially ominous development for General Practice in terms of their ability to remain independent advocates of General Practice and their patients care.

Co-commissioning may be badged as a way of integrating General Practice and other primary and community services; General Practitioners should think this through very carefully, as in the LMC's view there is no need for CCGs to hold GP contracts in order to commission joint or integrated services, unless there is the potential for GP contractual budgets (such as QOF) to be merged with other services. Does this provide General Practitioners with future contractual stability and security?

Co-Commissioning:
Making the Right Choice

A mandate from member General Practitioners and Practices

The LMC believes it is essential that CCGs seek a clear and explicit decision from their member practices in terms of the Co-Commissioning Model the CCGs will pursue.

This should be in the form of a straight choice between Models I, II and III.

Some CCGs may not offer this choice, or seek to grade General Practitioners preferences.

The LMC will challenge such CCGs, but in some circumstances practices may wish to use the enclosed ballot paper in order to ensure CCGs have a clear understanding of their memberships view.

Practices would be advised to keep a record of their decision, ideally via a practice meeting, and seek acknowledgement from the CCG they have received the returned form.

The LMC will write to your practice if it appears your CCG are not seeking a mandate from its practice membership; **at present there is no need to use the template ballot paper.**

With best wishes

Yours sincerely

Dr Julius Parker
Chief Executive

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Practice Header

(Name of Practice) wishes to mandate **(Name of CCG)** to undertake the following co-commissioning model for 2015/16.

Model I (continue current arrangements)	
Model II (joint arrangements with the Area Team)	
Model III (delegated arrangements)	

The LMC recommends practices **only** choose one option when mandating their CCG.

Signed: **On behalf of (name of practice)**

Date: