

26th November 2020		ITEM: 9
Thurrock Health and Wellbeing Board		
Primary care Delegation Stake holder Engagement		
Wards and communities affected: N/A	Key Decision: N/A	
Report of: Rahul Chaudhari, Director of Primary Care Thurrock CCG		
Accountable Head of Service: Mark Tebbs, NHS Thurrock Alliance Director		
Accountable Director: Mark Tebbs, NHS Thurrock Alliance Director		
This report is public		

Executive Summary

The paper aims to

- Provide an overview of the current CCG position on the commissioning of primary medical services and gain support from the stakeholders to take on fully delegated commissioning responsibilities for primary care from April 2021.

1. Recommendation(s)

1.1 Members are requested to take note of the contents of this paper

2. Introduction and Background

2.1 NHS England is the commissioner for primary care medical services in Thurrock and the CCG intends to take on the delegated duties for general medical services in Thurrock from 1st April 2021.

The purpose of this paper is to

- Provide an overview of the current CCG position on the commissioning of primary medical services.
- Articulate advantages and the disadvantages of taking on fully delegated commissioning.
- Gain support from the stakeholders to take on fully delegated commissioning responsibilities for primary care from April 2021.
- Advise the group on the timescales

2.2 What is delegated Primary Care commissioning

- Day to day management of GP practices becomes the responsibility of the CCG instead of NHS England.
- NHS England still 'holds' GP contracts and some functions are not delegated, e.g. GP performance, GMS contract terms, national incentive schemes
- CCG will be solely responsible for agreeing contract variations (e.g. mergers and closures) and management of budgets, discretionary payments, etc.
- Since 2015 the CCG has been jointly working with NHS England on some of these matters but in a limited capacity, where the final decision and financial control stays with NHS England.
- CCGs will not be responsible for the performance management of individual GPs, including the medical performers' list, appraisal or revalidation.
- CCGs will not have any additional powers over the commissioning of dental, community pharmacy and eye health. NHS England will retain this role for the foreseeable future.

Table 1 below provides a summary on the responsibility of the CCG on the various aspect of general practice service delivery once it takes on delegation function.

Function	CCG	NHSE	Comments
Directed Enhanced Services	X		In line with National Directives
QOF/Local Incentive Schemes	X		In line with National Directives and national QOF must also be available
Management of GMS/PMS and APMS contracts, including CQC measures and actions	X		Expert advice provided by NHSE
Monitoring of above	X		Expert and advice provided by NHSE
Additional APMS monitoring	X		
FOI, media enquiries, parliamentary and MP questions, correspondence and Parliamentary Hub enquiries	X		
Premises (excluding ETTF)	X		
Premises – ETTF		X	Retained Function
PMS Review contractual actions	X		
PCSE contracts		X	Retained Function
Winter Planning	X		
Workforce Census	X		
PES Results	X		
FFT	X		

Commissioning Intentions	X		
GP Recruitment incentive Scheme	X		
CAS Alerts		X	Retained Function
Clinical waste		X	Retained Function
Occupational Health		X	Retained Function
GP IT Functions (other than RA) including IG advice and NHS mail accounts	X		
GPFV national and regional and local initiatives	X	X	The CCG/STP and NHSE will agree where specific workstreams lie

2.3 Why do we want to move to fully delegated commissioning?

- One of last 3 CCGs in England that has not taken this step (also Mid Essex and Basildon & Brentwood CCGs)
- Commissioning of primary care services bring in a number of advantages, including:
 - more integrated and joined up views for primary care services
 - Greater involvement of patients in shaping and improving services
 - Improved relationships with member practices
 - Greater local ownership of the development of services
 - Increased clinical leadership, supporting enhanced participation and local decision making
 - Autonomy on how investments are planned and reinvested on any aspect of underspend in primary care.

2.4 Why are we 'last in the queue'?

- Previously the CCG had significant challenges in primary care and it was thought taking on delegation will prevent the CCG from doing the transformation and developmental work with primary care.
- Although there still remain significant challenges in primary care but the CCG now feels primary care is relatively stable compared to 2015 when the primary care development team was first put in place in the wake of overnight closures of GP practices by the CQC

2.5 Timescales

- Patient engagement Sept and Oct 2020
- Board engagement Sept and Oct 2020
- PCN CD engagement Oct 2020
- Stake holder engagement Oct- Nov 2020
- Formal application submission date - 6 November 2020
- Confirmation of outcome to CCGs - 27 November 2020

- Commencement of fully delegated commissioning – 1 April 2021

3. Issues, Options and Analysis of Options

N/A

4. Reasons for Recommendation

N/A

5. Consultation (including Overview and Scrutiny, if applicable)

5.1 CCG has undertaken various stake holder engagement events during September, October and November.

6. Impact on corporate policies, priorities, performance and community impact

N/A

7. Implications

7.1 Financial

N/A

7.2 Legal

N/A

7.3 Diversity and Equality

N/A

7.4 Other implications

N/A

Report Author:

Rahul Chaudhari

Director of Primary Care

NHS Thurrock CCG