

Co-commissioning primary care services – frequently asked questions

Southend CCG has expressed an interest in entering into a ‘co-commissioning’ relationship with the NHS England Essex area team in relation to the commissioning of primary medical services.

The CCG has done this in order to better:

- support the integration of health and social care services locally;
- support our GP member practices to drive quality improvement within primary care, and reduce health inequalities;
- increase citizen involvement in the development of primary care services;
- support the development of sustainable local services;
- ensure, as a membership organisation, the CCG has a greater positive influence on decisions affecting primary care locally.

The following “frequently asked questions” have been produced to aid our stakeholders’ understanding of co-commissioning and to highlight how you can provide your feed back to the CCG.

What is co-commissioning and where has it come from?

‘Co-commissioning’ is the term we use to describe when two or more commissioners come together to commission healthcare services. In this context it means NHS England working with clinical commissioning groups (CCGs) to commission primary care services.

In May 2014, NHS England announced that CCGs could submit expressions of interest (EOI) to develop co-commissioning arrangements for primary care services. This gives CCGs the opportunity to expand their role to help improve the quality of primary care, support integration of health and care services, reduce health inequalities and put the NHS on a sustainable path for the next five years and beyond.

The aim is to enable local clinicians and local communities to have more influence over how primary care services are developed. This is part of NHS England’s vision to drive better outcomes for patients and achieve greater value for money.

What does our expression of interest include?

Southend CCG’s expression of interest proposed that we should begin shadowing the area team to undertake the following co- commissioning activities:

- Working with patients and the public and with the Health and Wellbeing Board to assess needs and decide strategic priorities

- Designing and negotiating local contracts (eg PMS, APMS, any enhanced services commissioned by NHS England)
- Deciding in what circumstances to bring in new providers and managing associated procurement and making decisions on practice mergers.

Our intention is that a shadow period would begin immediately. We could seek a review of this position in October 2015, dependent on the progress of the CCG's recovery plan and further engagement with stakeholders and GP member practices.

What are the benefits for us locally of doing co-commissioning rather than leaving things as they are?

- We would be able to be locally sensitive rather than be nationally defined
- Potential for more resilience in our GP member practices
- Potential for more influence to support our GP member practices to improve the quality of primary care services
- Increased ability to work with practices to develop integrated services in the community

The CCG already works with patients and the public and with the Health and Wellbeing Board to assess needs and decide strategic priorities.

By joining and contributing to the Essex Area Team's Direct Commissioning Oversight Group, where decision-making affecting primary care takes place, the CCG would be able to have a positive influence in considering new providers, procurements and practice merger requests.

The other area of interest is to have an influence in designing and negotiating local contracts (i.e. PMS, APMS, any enhanced services commissioned by NHS England). This area will be considered by the steering group as it develops the implementation plan and is an area which could help the CCG support GP practices to improve quality of primary care and build a more integrated health system. For example, the CCG may seek to influence the requirements of local contracts, which would allow the CCG to streamline monitoring mechanisms and avoid unnecessary bureaucracy for GP member practices.

How will co-commissioning support delivery of our strategy?

The Southend-on-Sea health system five-year strategic plan identifies the need to improve how care is delivered, particularly for people with long term conditions and older people living with frailty.

By supporting our GP practices to work with other health and social care providers and integrate care, we will improve the quality of health and social care support provided to citizens of Southend, improve health outcomes and patient experience.

What are the challenges for us in co-commissioning?

There are a number of benefits and concerns relating to co-commissioning of primary care services which have been identified through discussions to date. The key themes are:

- Local medical committees nationally are opposed to co-commissioning
- Potential for conflicts of interest for governing body GPs/ clinical leads and potential for increased external interest
- Could have an effect on our membership engagement
- GP member practices may not universally support the CCG co-commissioning services
- Capacity of CCG to manage fully delegated arrangements and concern about the transfer of resources

We would like to understand what our stakeholders think about these challenges.

How will we take this forward?

Detailed plans for implementation of co-commissioning will be developed over the coming weeks taking account of each of the identified challenges and building on the benefits.

A steering group is being established to take forward this work, and will continue to work with local partners, GP member practices and citizens throughout that development process. We have a long period of shadowing the NHS England Essex area team (until October 2015) to enable us to undertake detailed engagement with our GP practices, partner organisations and patient representatives.

What about conflicts of interest?

A steering group is being established to take forward development of the co-commissioning implementation plan. The terms of reference for this group will also include determining how we identify and address potential conflicts of interest, and what form the supporting governance structure should take.

How can I feed in my views?

If you would like to feed in your views, please respond to the [survey](#). Please note that this survey will close on 30 September 2014.

If you still have unanswered questions, please contact Jeanette Hucey, Interim Strategic Programme Director via email: jeanettehucey@nhs.net.