



*Leicester City  
Clinical Commissioning Group*

## Health and Wellbeing Board 5<sup>th</sup> February 2015

- Primary Care Co-Commissioning Update
- Sue Lock, Managing Director LC CCG



# Co-commissioning Re-cap



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- **Primary care co-commissioning first introduced by NHSE CE Simon Stevens on 1<sup>st</sup> May 2014**
  - **Co-commissioning – formal arrangement between NHSE and CCGs that sets out roles and responsibilities for commissioning primary medical care (GMS/PMS/APMS)**
  - **CCGs asked to re-confirm intentions via resubmission by 9<sup>th</sup> January 2015**
  - **LC CCG reconfirmed wish for fully delegated commissioning from 1<sup>st</sup> April 2015**



# Summary of Functions



Primary care function	Greater involvement	Joint commissioning	Delegated Commissioning
<b>General practice commissioning</b>	Potential for involvement in discussions but no decision making role	Jointly with area teams	Yes
<b>Pharmacy, eye health and dental commissioning</b>	Potential for involvement in discussions but no decision making role	Potential for involvement in discussions but no decision making role	Potential for involvement in discussions but no decision making role
<b>Design and implementation of local incentives schemes</b>	No	Subject to joint agreement with the area team	Yes
<b>General practice budget management</b>	No	Jointly with area teams	Yes
<b>Complaints management</b>	No	Jointly with area teams	Yes
<b>Contractual GP practice performance management</b>	Opportunity for involvement in performance management discussions	Jointly with area teams	Yes
<b>Medical performers' list, appraisal, revalidation</b>	No	No	No



# Advantages of fully delegated co-commissioning



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- Proximity to practices, for better informed decisions
- Reduces commissioning system fragmentation
- Allows local sensitivities to inform decisions e.g. specific health needs (HNN)
- Incentives aligned to local need
- New models of service delivery supported
- Innovation supported



# Outcomes



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- **Improved access to primary care**
- **More services closer to home**
- **Services matched to local need**
- **Improved outcomes**
- **Equity of access**
- **Reduced inequalities**
- **Improved patient experience**



# Co-commissioning process



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- **Commissioning committee**
    - **Constitutional change**
    - **Committee meets in public**
  - **Conflicts of interest**
    - **Policies and procedures checked against guidance**
    - **Lay member training**
    - **Lay and executive majority**
    - **Stakeholder involvement**
    - **Register of interest**
    - **Register of decisions**
    - **GPs to publish earnings**



# Commissioning committee membership



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- **2 x Lay members (chair and vice-chair)**
  - **Managing Director**
  - **Director of Quality & Nursing**
  - **Chief Finance Officer**
  - **Chief Strategy & Planning Officer**
  - **Chief Corporate Affairs Officer**
  - **3 x Governing Body GPs**
  - **Non-voting members :- Leicester City Council, HealthWatch, NHEngland, Local Medical Committee**



# Risks



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- **Workload associated with City Practices**
- **Resources from NHSEngland**
- **Change in relationships between CCG and member practices**
- **Management of perceived conflicts of interest**
- **Approval status of CCG**

