

	<u>Agenda Item: 10 (B)</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	30th June 2015
TITLE:	The Establishment of Primary Care Committees
Organisation	Birmingham Cross-City CCG
Presenting Officer	Dr Gavin Ralston - Clinical Chair

Report Type:	Information
---------------------	--------------------

1. Purpose:
<p>This report provides Board members with a summary of the delegated powers received from NHS England, the requirements and functions of Primary Care Committees for the Birmingham Clinical Commissioning Groups.</p>

2. Implications:		
BHWB Strategy Priorities	Child Health	Y
	Vulnerable People	Y
	Systems Resilience	Y
Joint Strategic Needs Assessment		Y
Joint Commissioning and Service Integration		Y
Maximising transfer of Public Health functions		Y
Financial		Y
Patient and Public Involvement		Y
Early Intervention		Y
Prevention		Y

3. Recommendation
The Board is asked to note the contents of this report.

4. Background

4.1 In 2014 NHS England invited Clinical Commissioning Groups (CCGs) to express an interest to take on an increased role in the commissioning of primary care service (general practice). The co-commissioning of primary care is seen as one of the key enablers in the NHS Five Year Forward Plan. This plan has a focus of increased provision of out of hospital services. CCGs had three primary care co-commissioning models to choose from:

1. Greater Involvement in primary care decision making
2. Joint commissioning arrangements
3. Delegated commissioning arrangements

4.2 The options basically meant:

Option 1: Greater involvement in primary care decision-making

For the Birmingham CCGs, this option represents no change as they already individually met with NHS England.

Option 2: Joint commissioning arrangements

Meant that the individual CCGs would need to establish a joint committee with NHS England with the ability to delegated agreed CCG and NHS England functions to the joint committee.

Option 3: Delegated commissioning arrangements

Meant the need to establish a primary care commissioning committee for the CCGs and establish a delegation agreement between NHS England and the individual CCG.

4.3 The three CCGs consulted/balloted their membership. The result of this meant that the CCGs in Birmingham applied for delegated commissioning arrangements in January 2015 and these arrangements went live 1st April 2015.

4.4 Co-commissioning provides an opportunity to develop a range of benefits for the public and patients, including:

1. Improved access to primary care and wider out of hospital services – services closer to home
2. Higher quality of out of hospital care
3. Improved health outcomes, equality of access, reduced inequalities
4. A better patient experience through more joined up services

4.5 In order to manage this arrangement CCGs have been required to set up **Primary Care Commissioning Committees**. These Committees were established as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers. The role of

the Committees will be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

This includes the following:

- General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g., returner/retainer schemes).

The CCGs will also carry out the following activities:

- a) To make decisions on commissioning of primary care medical services in the CCG’s geographical area;
- b) To receive information on the quality of commissioned primary care medical services and identifying any actions needed to address concerns;
- c) To plan, including needs assessment, primary care medical services in the CCG’s geographical area;
- d) To undertake reviews of primary medical care services in the CCG’s geographical area;
- e) To co-ordinate a common approach to the commissioning of primary care services generally;
- f) To manage the budget for commissioning of primary medical care services in the CCG’s geographical area, including in relation to IT services and premises.

4.6 These committees have been developed to manage ‘conflicts of interest’ and the development of local responses to local issues therefore attention has been paid to their membership and voting rights. Consequently an invitation to sit on these committees has been extended to the Birmingham Health and Wellbeing Board and Healthwatch.

4.7 Each of the committees has now met and in **Appendix 1** you can find their individual work programmes.

5. Compliance Issues

5.1 Strategy Implications

N/A

5.2 Governance & Delivery
There will be an identified member of the Board on each of the committees
5.3 Management Responsibility
The Board is not responsible for the day to day management of this function

6. Risk Analysis
Risks attached to these committees will be managed within the individual CCGs Corporate Risk Registers

Appendices
Appendix 1 - Work Programmes for the Individual CCGs Primary Care Commissioning Committees

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

The following people have been involved in the preparation of this board paper:

Carol Herity
Associate Director of Partnerships
Birmingham CrossCity Clinical Commissioning Group
Tel. No: 0121 255 0566
Email: c.herity@nhs.net



Forward Work Programme 2015/16 – Primary Care Committee

[illegible]

ITEM	MONTH									
	May 2015	June 2015	August 2015	Oct 2015	Dec 2015	Feb 2016	April 2016	June 2016	August 2016	Sept 2016
2015/16 Enhanced Services – sign off of proposed monitoring and verification processes for 15/16										
Out of Area Registrations scheme – decision required on future contracting arrangements										
Kingstanding Community Practice – progress report on dispersal process										
PMS/APMS reviews – sign off the proposed process for reviews in August and decisions in Dec 2015										
2015/16 QOF - sign off of proposed monitoring and verification processes for 15/16										
Primary Care Quality										
Primary Care Quality Dashboard/reporting – scoping discussion in May followed by regular reporting										
Primary Care Education Programme – sign off business case										
Workforce Development Plan – sign off plan										
Other										
Ad hoc practice specific issues requiring a decision from the committee										