

## **Primary Care Co-Commissioning Briefing for CYC Health and Adult Social Care Policy and Scrutiny Committee**

### **Summary**

1. The purpose of this report is to provide the Committee with a briefing on the establishment and working of the Clinical Commissioning Group's Primary Care Commissioning Committee.

### **Background**

2.1 NHS Vale of York CCG decided in November 2014 to investigate the possibility of taking on full delegated responsibilities for primary care co-commissioning, following the issuing of guidance from NHS England. The matter was discussed at the January 2015 meeting of the Council of Representatives, the GP membership body for the CCG, and it was agreed to undertake full rather than partial delegation responsibilities for primary care.

2.2 The reasons for this were two-fold: one, the CCG, which had already bid for both Pioneer and Vanguard status, wished to continue to be at the leading edge of development for CCGs; and two, there was a belief that greater autonomy would result, which would be beneficial for GPs collectively.

### **Establishment of the Committee**

3.1 NHS Vale of York CCG received full delegated powers for primary care commissioning with effect from 1 April 2015. The Constitution was duly revised, and full governance due diligence carried out.

3.2 The Primary Care Co-Commissioning function was originally delegated to Part II of the Quality and Finance Committee meeting, but it was decided in November 2015 to review the arrangements to include a wider GP membership. As a result, the Primary Care Commissioning Committee was established as an individual committee, with revised terms of reference presented to the January 2016 meeting.

3.3 The terms of reference are based on an NHS England template, which set out the membership (to include Healthwatch and local authority representatives on a non-voting basis), quoracy arrangements in accordance with NHS statutory guidance. The committee meets four times a year. The terms of reference are attached as Annex A.

## **Conflicts of Interest**

4.1 The CCG is required to regularly review its Conflict of Interest Policy. This policy was last reviewed and updated in January 2015 and will be due for review January 2017. For those CCGs that opted to take on a delegated co-commissioning role, there is a greater risk of exposure to conflicts of interest, both real and perceived. The NHS Vale of York CCG has taken on responsibility for delegated co-commissioning for Primary Care services.

4.2 The CCG is required to:

- recognise the potential for conflicts of interest;
- make arrangements for declaring interests;
- maintain a register of interests;
- keep a record of the steps taken to manage a conflict;
- exclude individuals from decision-making where a conflict arises; and
- engage with a range of potential providers on service design.

4.3 All individuals commencing working for the CCG are required to complete and sign a declaration of potential conflicts of interest. Declarations are added to the CCG's register of interests and filed. Declarations are regularly and routinely reviewed and updated on a quarterly basis. If a person's interests changes at any point, they are responsible for revising their declaration.

4.4 Any external committee members serving on CCG committees are required to declare to provide a signed declaration of potential conflicts of interest. These declarations are also reviewed on a quarterly basis. If a person's interests changes at any point, they are responsible for notifying the CCG and updating their declaration.

4.5 A list of committees with decision making-roles has been identified, including those where external stakeholders are involved. A copy of the register of declared interests is circulated to the meeting chair, prior to each meeting.

The Governing Body and Council of Representatives registers are published on the CCG's website. The refresh of the Declarations of Interest is managed and monitored through the Covalent system.

4.6 A procedure for managing interests declared during the course of a meeting has been agreed by the Chair of the Audit Committee in accordance with section 8.17 of the CCG's Constitution: Arrangements for the management of conflicts of interest are to be determined by the Chairman of the Audit Committee. The CCG has implemented a register of declarations made during meetings.

4.7 A recent Internal Audit review of Conflict of Interest arrangements provided an audit opinion of "significant assurance".

## **Scope of Committee**

5.1 The main work of the committee going forward is likely to fall into the following categories:

- a) Infrastructure – for example, applications for mergers of GP practices or the establishment of new practices in areas of high population growth, the upgrading of premises or replacement, as part of an overall estates strategy.
- b) Contracts for services, including Local Enhanced Services (LESs) and Directed Enhanced Services (DESS), agreed between the CCG and GP practices. Current LESs include phlebotomy, wound care, neonatal checks, and anticoagulation monitoring.
- c) New incentive programmes for GP services (to replace QOF) and new proposals for the commissioning of services from GPs.
- d) Planning and reviewing primary care services in the area.

5.2 It should be noted that performance matters remain reserved to NHS England, as does the management of complaints relating to GP practices. The standard contract monitoring of practices (General Medical Services (GMS)/Personal Medical Services (PMS) ) is also currently still being managed by the NHSE area team, but is due to transfer to CCGs later this year, with staffing implications for CCGs.

## **Risks**

6.1 NHS Vale of York CCG has received significant assurance for its Primary Care Co-Commissioning implementation from internal audit and 'assured' for delegated commissioning in the national CCG Assurance Framework. The current focus of risk management centres on knowledge transfer from NHSE. The CCG is working collaboratively with the NHSE primary commissioning team and has established in an internal primary care steering group to develop the skills and expertise within the CCG with support from NHSE. The requirements of the statutory guidance on conflicts of interest regarding quoracy require that at least equal numbers of non-medical staff are appointed to the committee to ensure that decisions are able to be taken.

6.2 Risks arising from the work of the Committee will be recorded on the CCG risk register via Covalent (risk management IT system) and reported to the Governing Body on a regular basis.

## **Future work of the Committee**

7. The Committee is supported by a working group, the Primary Care Delivery Group, and may wish to establish working groups on individual topics as circumstances require. Among the key tasks for 2016-17 are further work on estates and developing the strategy for primary care collaborative working.

Annex A – Terms of Reference of Primary Care Commissioning Committee  
Background report – NHS Conflicts of Interest guidance:

<https://www.england.nhs.uk/commissioning/pc-co-comms/coi/>

## **Abbreviations used in the report**

APMS- Alternative Provider Medical Services

CCG- Clinical Commissioning Group

DES- Directed Enhanced Services

GMS- General Medical Services

GP- General Practitioner

LES- Local Enhanced Services

NHS- National Health Service

NHSE- National Health Service England

PMS- Personal Medical Services

QOF- Quality and Outcomes Framework