NHS Commissioning Board
A special health authority

Securing Excellence in Commissioning Primary Care: Key Facts

June 2012

1. From April 2013, the NHS Commissioning Board (NHSCB) will be established and will be accountable for improving outcomes for patients. It will ensure that:

- the services it commissions are commissioned in ways that support consistency not centralisation
- there is consistency in achieving high standards of quality across the country.

2. The NHSCB will work through its national, regional and local area teams to discharge these responsibilities.

3. Our ambition for the new primary care commissioning arrangements is for:

- A common, core offer for patients of high quality, patient-centred primary care services
- Continuous improvements in health outcomes and a reduction in inequalities
- Patient engagement and empowerment and clinical leadership and engagement visibly driving the commissioning agenda
- The right balance between standardisation/consistency and local empowerment/ flexibility.

Roles and responsibilities

4. At a national level, the NHSCB will work with a range of stakeholders to determine the outcomes expected from primary care and the main characteristics of high quality services, and use this as a basis for developing national contracts and for developing national frameworks for local contracts and local commissioning.

5. At a regional and local level, the NHSCB will work in partnership with CCGs and other local networks to ensure that there is a locally responsive approach, supported by joint health and wellbeing strategies, joint strategic needs assessments (JSNAs) and pharmaceutical needs assessments (PNAs).

6. The NHSCB will also be responsible for planning, securing and monitoring an agreed set of primary care services.

7. CCGs will commission the majority of NHS services for their populations – apart from primary care, specialised services and public health. They will

also have a statutory responsibility to support the NHSCB to improve the quality of primary medical care.

8. Some support functions will also be discharged in the NHSCB local area teams, probably through the primary care commissioning arrangements. These include the local responsible officer functions and the local management of the performer lists.

9. The responsibility for the vast majority of payment and associated functions will transfer to the NHSCB and will also be discharged through the primary care commissioning arrangements.

10. The arrangements for these services, commonly known as Family Health Services (FHS), are currently discharged in the following ways:

- Through a PCT held contract with an external supplier
- Through a shared services agreement between PCTs
- Internally (in-house) within a PCT.

11. In April 2013, contracts will be transferred from PCTs to the NHSCB; shared services arrangements and in-house arrangements will, subject to local area team implementation arrangements, be transferred as they are to the NHSCB.

12. There will be a common specification for FHS services transferred to the NHSCB.

13. The NHS Business Services Authority provides services, including pharmaceutical and dental payments, and these arrangements will continue.

The single operating model for primary care commissioning

14. The new arrangements comprise a single operating model for the commissioning of primary care services, which up until now has been done differently by PCTs and their predecessors. The operating model describes the system by which we will use the £12.6bn the NHS spends on commissioning primary care to secure the best possible outcomes.

15. The benefits we hope to achieve from this change are:

- Greater consistency and fairness in access and provision for patients, with an end to unjustifiable variations in services and a reduction in health inequalities
- Better health outcomes for patients as primary care clinicians are empowered to focus on delivering high quality, clinically-effective, evidence-based services
- Greater effiences in the delivery of primary care heath services through the introduction of standardised frameworks and operating procedures.

16. Local, regional and national teams will work in one single system. The local element of the system includes people working in the local area

teams of the NHSCB, CCGs, local authorities and health and wellbeing boards. Most commissioning activity will take place locally, close to contractors and close to patients. The central element will provide the framework to ensure consistency in primary care commissioning.

17. To ensure all parts of the system have the same core intelligence to draw comparisons and make decisions, there will be a single flow of standardised information. Locally derived intelligence, including that relating to patient experience, will be processed at national level and fed back into the system.

Local professional networks

18. Local professional networks (LPNs) will secure clinical involvement in the day to day operational and strategic commissioning processes undertaken by the NHSCB. The evidence of clinical engagement in commissioning is well understood and local professional networks provide a mechanism to do this for dentists, pharmacists and optometrists.

19. Local professional networks have been designed to operate at three levels. The core of the network comprises a lead clinician (or lead clinicians depending on size), such as a dental adviser, a public health specialist and a commissioning manager. This core role will be to identify a network of other clinicians who, dependent on resources, engage in service development and improvement activities. This could include secondary care as well as primary care clinicians. The third level comprises all providers and is a communication and engagement mechanism.

20. Local professional networks are integral to the local area team. They do not stand alone nor are they just for the purpose of engagement. PCTs are currently testing LPNs and will continue to do so during transition.

Role of CCGs in primary care commissioning

21. CCGs will have a critical role in providing clinical leadership to deliver high quality, responsive and safe services for patients.

22. CCGs are very well placed to support quality improvement in primary medical care in partnership and with the support of the NHS CB. However, CCGs will not be responsible for contractual compliance which will be the responsibility of the NHS CB as the national commissioner of primary care services.

23. CCGs are expected to do the following

- provide evidence of benchmarking on primary medical care outcome indicators across member practices
- state their commitment to openness and sharing of data/information (supported by mechanisms/framework to enable sharing)

- have a clear approach to peer review and conversations about improvement across member practices which include assessment of development needs, intended actions and anticipated impact

- to identify primary care commissioning needs within their strategic plans

- to work collaboratively with the NHSCB to address variability and service improvements, to engage patients and the public and to develop any shared models of commissioning support.

Next steps

24. In the coming months, the NHSCB will provide more details about the primary care operating arrangements including:

- The role of the responsible officer
- How dental commissioning will work
- Local professional networks in detail
- Common operating procedures, including performance management
- GP premises arrangements
- GP IT arrangements
- Transitional arrangements for payment and other associated services (FHS).

25. The NHSCB will also set out further information in due course about its overall operations that are not exclusive to primary care commissioning but are important in how the system will work, including:

- The design of the local area teams and sectors
- Patient engagement, including handling complaints
- Information and intelligence, including patient insight
- Financial systems and processes
- Strategic estates development.

26. The operating models for prison and offender health, military health and those public health services commissioned by the NHSCB (i.e. screening, vaccinations, child health for 0-5 year olds and public health for people in prisons) will also be published shortly and each one will have some implications for primary care commissioning arrangements.

27. The NHS CB is working with stakeholders to develop common operating policies and procedures to support local area teams, including contractual management frameworks and guidance on dealing with concerns about individual performance, issues and incidents.

28. The new arrangements as described in the document will be kept under review. The NHSCB will ensure they are achieving what they are designed to do and, that they remain fit for purpose within the context of the emerging commissioning system.