

Delegated Primary Care Commissioning

November 2016



City and Hackney
Clinical Commissioning Group

The CCG Governing Body was asked to:

- **Note** the potential benefits of moving to level three delegated primary care commissioning
- **Agree** to the recommendation to submit an application for level 3 delegated commissioning by the 5th December 2016 deadline subject to gateway checks, a due diligence process and feedback from stakeholder engagement.
- **Sign off** the proposed gateway checks through to April 2017
- **Note** the proposed due diligence process
- **Note** the engagement plan for engaging with members and other stakeholders (including a membership vote on constitutional changes)
- **Note** the proposed changes needed to the Terms of reference for the Local GP Provider Contracts Committee and the CCG Constitution (the Conflicts of Interest Policy has already been recently revised and was included in the November Governing Body Papers for approval).



Primary Care Co-Commissioning

- Primary Care co-commissioning refers to the process whereby CCGs are given the opportunity to assume greater powers to directly commission primary medical services. Delegated commissioning gives CCGs the option of having more control of the wider NHS budget, enabling a shift in investment from acute to primary and community services.
- City & Hackney CCG needs to determine whether moving to delegated commissioning will support delivery of our primary care strategy, our wider plans for moving to devolution and crucially, to deliver better care for our patients.
- Level 3 applications are due on 5 December 2016 for interested CCGs. Successful CCGs would take on delegated authority primary care functions from April 2017.



Regional & National picture on primary care co-commissioning in 2016/17

The information below shows the current picture of primary care co-commissioning. NHS England have indicated that they anticipate that less than 20 CCGs nationally will not be fully delegated in 2017/2018.



- WEL – Delegated Commissioning
- BHR – Delegated Commissioning
- SWL – Delegated Commissioning
- NCL – Joint Commissioning
- NWL – Joint Commissioning
- SEL – Joint Commissioning
- City & Hackney – Greater involvement

Currently considering moving to delegated commissioning



- 114 CCGs – Delegated Commissioning
- 70 CCGs – Joint Commissioning
- 24 CCGs – Greater involvement



Our Context: Devolution

Our vision for a health and wellbeing system

The vision for Hackney is to work together with our patients and providers to deliver an integrated, effective and financially sustainable system that meets the population's health and wellbeing needs.

We want our acute services to fully integrate with community, social care, primary care and tertiary services and we have many successes to build on. Locally, we are progressing work to redesign the health and social care system to improve outcomes for local people through the Hackney Devolution Pilot. This programme of work offers a chance to drive greater integration across the system to achieve common goals and improve outcomes in the priority areas.

Through a focus on the wider determinants of health and inequalities, devolution provides all those working towards improved health and wellbeing for the population of Hackney with an opportunity to better address the challenges the borough faces; Hackney is a vibrant, diverse and deprived inner London Borough with specific health and wellbeing challenges. The partners in the borough have come together to initiate a collective and ambitious approach to delivering new models of care to support these challenges.

To tackle the problems we face, we want to really join up public services, make better use of our collective estate and take a new approach to prevention. Whilst we've achieved a lot and have ambitious plans for the next few years, devolution powers will really make a difference to what we can deliver for local people.

Although only Hackney is a devolution pilot, partners in the City of London share the same vision and aspirations and are actively working together to deliver similar benefits for City residents.

As part of this work we want to ensure that we also have control of the commissioning of local primary care services through moving to level three delegated commissioning.



Our vision for primary care in City & Hackney

Our plans for primary care commissioning in 2016/17 are informed by our commissioning work to date, priorities identified by our patients, members and other stakeholders and the needs of our 5 year clinical strategy as well as our primary care strategy which was signed off by our Governing Body in November 2015.

- We are very conscious that demand to see GPs has doubled in the last fifteen years and we need to support practices to manage this alongside the increasing workload from more services and care outside hospital. Our strategy is to ensure that practices have the capacity – both time and manpower – to care for people in the community and to offer a rapid response and consultation service when needed and that they are supported by a range of community services working together to help them.

- We support and will commission on the basis of the three specifications in the NHSE London Strategic Commissioning Framework – proactive care, accessible care and co-ordinated care – and in a way that meets the needs of the population of City & Hackney. We also believe that there is an equally important pillar of good primary care provision – effective commissioning behaviours – which we will continue to support, contract for and promote.

What we are already doing to deliver our vision for primary care

- We have developed a primary care quality dashboard that includes nationally and locally determined indicators which is used to inform all quality improvement activity in primary care.
- We have developed a patient demand management contract with the City & Hackney Confederation for practices to deliver:
 - A digital access offer to patients via practice websites
 - Group consultations for patients with LTCs
 - Develop local utilisation of community pharmacy (e.g. pharmacy first minor ailments scheme)
 - A City and Hackney Health Information App
- The Primary Care Quality Board manages the contract with the Clinical Effectiveness Group (CEG) to support all CCG Programme Boards and the Confederation with clinical outcome informatics, near patient clinical support, templates and tools to search EMIS databases. All key to the delivery of high quality care.
- The GP IT committee supporting practices, managing the CSU contract and informing the Local Digital Roadmap.
- CCG support for the City and Hackney Community Education Provider Network (CEPN) (functioning as the workforce arm of the Devolution project) including £1.4m non-recurrent funding.
- The Primary Care Quality Board is currently developing contracts to deliver the aspirations of the Five Year Forward View:
 - Enhanced access
 - Resilience support for practices
 - A QI practice development programme (supporting the Ten High Impact Areas of the GPFV)



Our investment in primary care

Over the last 12 months we have already invested an additional £8m in primary care services to deliver the following improvements for our patients and improve local outcomes and we are committed to continuing this strategy to continue to deliver tangible improvements:

- Telephone access to a duty doctor arrangement in each practice during core hours to support patients and link with urgent care providers;
- Extended consultations for patients with long term conditions or cancer;
- Practice systems to support earlier detection of cancer;
- Proactive quarterly home visiting service for our vulnerable population and those at the end of life;
- Extended opening hours for primary care in the evenings and weekends;
- Supporting time and systems for practices to participate in clinical commissioning and embedding practice behaviours – audits and peer discussions, consultant outreach and education programmes, education of juniors and locums, referral reflections, reviews of frequent A&E attenders, good prescribing practice, adoption and audit of CCG pathways;
- Supporting enhanced patient feedback and PPG development, sharing of quality of care issues (both good and bad);
- Identification and early diagnosis of people at risk of coronary heart disease, respiratory disease and diabetes;
- Proactively reviewing & managing people with mental health problems with 600 people with mental health problems transferred to primary care management;
- Seeing each woman during her pregnancy and after delivery to ensure that her needs are being met;
- Proactively reviewing all children with long term conditions and ensuring that care plans are in place (with a specific focus on the management of asthma) and ensuring support is available to children and their families;
- Identifying vulnerable children and families in conjunction with Health Visitors.

Working with our GP providers to improve outcomes on long term conditions

We have worked with our local GP providers to deliver significant improvements in a number of outcomes over the last few years.

We are in the top quintile in England for the care of people with long term conditions. Through effectively commissioning a contract for long term conditions care through our GP Confederation, in 2014-15 the CCG was in the top quintile for 21 QOF measures, and remain top in England against 27% of measures. These include long term conditions (LTC) care and blood pressure control for conditions including diabetes, coronary heart disease, stroke/transient ischaemic attack, chronic kidney disease, as well as asthma and COPD reviews. We have made significant progress given that in 2005 the Borough performed among the most poorest in the country on many of these indicators.

The London Borough of Hackney Public Health department provided an estimate of morbidity and mortality reduction due to higher blood pressure control in people with LTCs in C&H, as delivered through the LTC Contract. In City and Hackney, currently 961 extra hypertension patients achieve the QOF BP to 150/90 mmHg target, above the number which would be expected if average London performance was achieved. Applying number needed to treat (NNT) estimates from a large US study to the local population at least 75 CVD events and at least 46 deaths in total are estimated to be prevented in this cohort over the next 10 years.

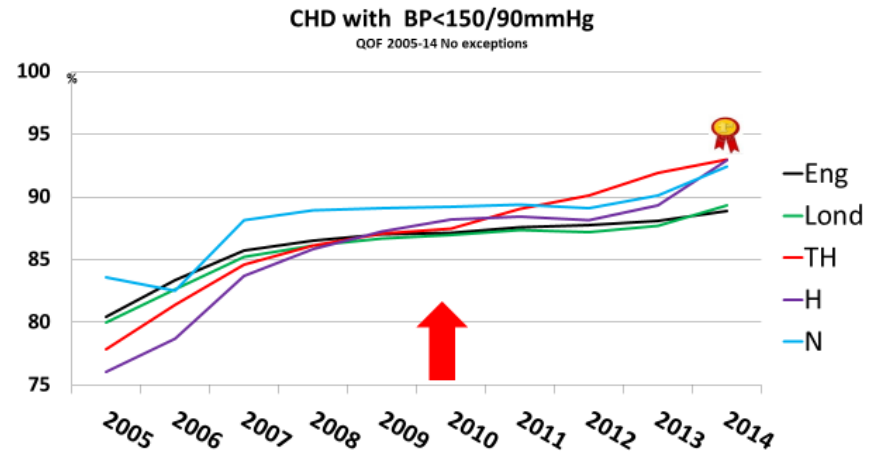


Figure 1: Over the past few years, the borough has moved from among the poorest performing areas for managing CHD to the best in the country, through initiatives in primary care including the LTC contract.



Potential benefits of delegated co-commissioning

Taking on delegating primary care commissioning functions could have benefits for patients, providers and for the CCG as commissioners:

- We would be better positioned to exercise our duty to ensure continuous improvement in the quality of services provided to our local population e.g. by local decision making on investment priorities and by being able to provide support to practices more quickly;
- We would be uniquely placed to take a whole-system approach to commissioning, bringing about the necessary shifts in secondary care utilisation through demand management
- We would be able through our fully integrated commissioning plans with our 2 Local Authorities to take a system wide approach and commission fully integrated service models – something our patients tell us they want at every opportunity;
- We would be able to have increased clinical leadership and public involvement in primary care commissioning, enabling more local decision making;
- We would be able to use our local knowledge and relationships with patients and local communities to commission in a way that reflects the specific needs of our populations in Hackney and in the City and support the improvement of system outcomes
- We would be able to maximise our relationships with the members of our 2 Health and Wellbeing Boards, our Healthwatch representatives and with local communities to ensure local people are engaged in transforming primary care services in their local area;
- We would be able to work more closely with the City & Hackney GP Confederation to deliver the best possible approach to improving access to GP services locally i.e. working together to better understand local needs and to continuing to improve quality and deliver population coverage;
- We would be able to more effectively design local incentive schemes which align to our Primary Care Strategy, the STP and our transformation plans. This will minimise duplication or waste of funds on overlaps;
- We would be able to commission primary care services in a way that supports our integrated care programme as we would have an overview of the health system locally;
- We would be able to more effectively support practices to achieve the specifications within the Strategic Commissioning Framework for Primary Care Transformation in London, which will improve access, proactive care and co-ordination of care for our patients as well as ensuring we develop our workforce, premises and technology and information systems;
- We would be able to progress new models of care that cannot be achieved without integration of services across health and care providers;
- We would be able to have greater freedom in planning and investing in our primary care workforce, ensuring that we retain our best staff, develop the staff we have and ensure a greater clinician to patient ratio and thus lead to greater continuity of care and satisfaction for patients;
- We would be able to ensure tailored responses to the different needs within Hackney and those within the City and ensure full integration of primary care with other out of hospital health and care services in our quadrant model.

Functions under different levels of co-commissioning

Outlined here is a high level summary of the functions of level 2 and level 3 co-commissioning.

Primary Care Function	Level 2: Joint Commissioning	Level 3: Delegated Commissioning
General practice commissioning	Jointly with NHS England (London region)	Yes
Pharmacy, eye health and dental commissioning	Potential involvement in discussions but no decision making role	Potential involvement in discussions but no decision making role
Design and implementation of local incentives schemes	Subject to joint agreement with NHS England (London region)	Yes
General practice budget management	Jointly with NHS England (London region)	Yes
Contractual GP practice performance management	Jointly with NHS England (London region)	Yes
Medical performers' list, appraisal, revalidation	No	No



Source: NHS England, *Next steps towards primary care co-commissioning*, November 2014



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Roles and Responsibilities under Delegated Authority (CCGs)

Under level 3 co-commissioning arrangements, CCGs have responsibility for:

a. Commissioning, procurement and management of Primary Medical Services Contracts, including:

- Enhanced Services;
- Local Incentive Schemes (including the design of such schemes);
- decisions to establish new GP practices (including branch surgeries) and closure of GP practices;
- decisions about 'discretionary' payments;
- decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

b. Approval of practice mergers;

c. Planning primary medical care services including carrying out needs assessments;

d. Undertaking reviews of primary medical care services;

e. Decisions in relation to the management of poorly performing GP practices including: decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);

f. Management of the Delegated Funds*;

g. Premises Costs Directions functions;

h. Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate;

i. such other ancillary activities as are necessary in order to exercise the Delegated Functions

Source: NHS England, *Next steps towards primary care co-commissioning: Annex E* (published July 2015)

*NB: Under current legislation, NHS England are not able to 'double delegate' primary care commissioning functions. This means that the core primary care budget could not be pooled as part of the City & Hackney integrated commissioning arrangements nor could primary care commissioning responsibilities be delegated by the CCG to another body e.g. a Joint Committee with local authorities.

Roles and Responsibilities under Delegated Authority (NHSE)

Under level 3 co-commissioning arrangements, NHS England retain responsibility for:

- a. **Management of the national performers list;**
- b. **Management of the revalidation and appraisal process;**
- c. **Administration of payments in circumstances where a performer is suspended** and related performers list management activities;
- d. **Capital Expenditure functions;**
- e. Section 7A functions under the NHS Act; **(public health functions)***
- f. Functions in relation to **complaints** management;
- g. Decisions in relation to the **Prime Minister's Challenge Fund;** and
- h. Such **other ancillary activities** that are necessary in order to exercise the Reserved Functions;

*The delegation of some public health functions are being considered as part of City & Hackney's devolution proposal.

Source: NHS England, *Next steps towards primary care co-commissioning: Annex E* (published July 2015)



Roles and Responsibilities: Operational Delivery

The following documents would support the operational delivery for delegated primary care contracting.

NHSE

- NHS England Delegates responsibilities and accountability for GP services contracts and budgets to CCG Via **The Delegation Agreement**
- NHS England Assures delivery of the delegated functions in accordance with national requirements and directions

CCG

- CCG Establishes a Committee*, in accordance with guidance, to deliver the delegated functions in accordance with National, Regional and Local **SOP**
- CCG agrees **MOU** with Commissioning Team (NHSE & CCG) to provide the commissioning activities that enable them to deliver the function

NHSE
Commissioning
Team

- Provides the operational support to undertake the activities associated with the delegated functions in accordance with **MOU**
- Works to the standards agreed in the **SOP**



Due Diligence

- City & Hackney CCG has commissioned their internal auditors RSM UK to carry out a due diligence exercise in relation to moving to delegated primary care commissioning.
- The purpose of the due diligence is to identify any potential areas of risk for the CCG and ensure that any known cost pressures such as outstanding DV (district valuation) claims or historical contract issues are identified and the ownership is clear.
- The due diligence process is expected to be completed in January 2017, after the application for delegation has been submitted to NHS England, however our application on the basis that it is subject to the findings of our due diligence process.
- **The findings of the due diligence exercise will be scrutinised by the CCG Audit Committee prior to a final decision being made on moving to delegated primary care commissioning. The Audit Committee will make a recommendation to the CCG Governing Body based on their findings. This is expected to take place in January / February 2017.**

The scope of the due diligence includes, but is not limited to:

- The finance portfolio in detail on a headline and underlying trading basis;
- QIPP schemes that are in place and if they are recurrent and or not;
- The status and impact of any QIPP schemes being worked up and their proposed implementation plan;
- An understanding of risks that are ring-fenced elsewhere and the consequence if authorisation were taken forward;
- An understanding of all the risks, mitigations and opportunities and how they are managed and play into the financial situation, or not;
- Procurement initiatives and their status and risks attached;
- Full sight/detail of the balance sheet and all reconciliations;
- Understanding of how the ledger accounting process will work going forward;
- Property portfolio including risk around ownership, voids and subsidies and their status; and
- The output of internal audit and external audit



Potential Risks & Issues

Area	Identified Risk	Mitigation / Comment
Resourcing	Following an organisational review of their primary care team, NHS England's NE London locality team (which includes the team providing support to City & Hackney) will be moving to the STP footprint but will retain their employment with NHS England. However it is not yet clear exactly what this arrangement will look like.	The NHS England locality team will be moving to STPs regardless of City & Hackney's level of delegation. It is acknowledged that if City & Hackney CCG were to deliver a primary care contracting service over and above what is currently provided it may require investment in to the staffing of the team. This will need to be considered as part of the due diligence process.
Primary Care Budget	No additional funding (over the core primary care budget) will be available to implement improvements in primary care and the CCG would assume responsibility for budgetary pressures, deriving from commissioning primary care, including Quality, Innovation, Productivity and Prevention (QIPP) efficiency savings. The CCG may inherit existing liabilities (such as contract disputes) or material financial commitments (e.g. in relation to premises agreements).	These issues will need to be addressed through the CCG's due diligence process (expected to be completed by January 2017). Where financial risks are identified, the CCG will need to consider how these can be mitigated (or not). NHS England has indicated that money has already been accrued against existing financial risks such as QIPP and contract disputes.
Conflicts of Interest	Taking on the commissioning of primary care, could create perceived or actual conflicts of interest for GP commissioners.	The proposed governance structure includes a number of mitigations such as a lay chair and vice chair, a lay and executive member majority and an independent GP member. NHS England published new conflicts of interest guidance for CCGs in June 2016 including specific recommendations for primary care commissioning committees. These have been incorporated into the CCG Conflicts of Interest Policy which was approved by the CCG Governing Body in November 2016.
Relationship management with GP practices	There may be a changed relationship between the CCG as a clinical membership organisation which will be managing members' primary care contracts.	CCGs already have a statutory duty to support NHS England in managing the quality of GP practices. Individual GP performance will remain a responsibility of NHS England's Medical Directorate. Under delegated primary care commissioning, day to day contracting activities will be managed against national contracts supported by national and regional standard operating procedures and through a team employed by NHS England who will be moving to work across the NEL STP geographical footprint.

Proposed Governance

It is proposed that if City & Hackney CCG took on primary care commissioning responsibilities, these functions would be delegated by the Governing Body to the Local GP Provider Contracts Committee.

This Committee already has a good track record of robust management of contracts and of managing conflicts of interest in a transparent way e.g. a code of conduct template accompanies all procurement recommendations and documents where and with who the service development has been discussed.

The Committee was established to review and make recommendations on CCG contracts with GP practice providers, and its current remit includes making recommendations to the CCG Governing Body on procurements and it also has delegated authority to make payments against existing contracts subject to performance.

Examples of contracts overseen by this Committee include the Out of Hours and the Long Term Conditions contracts.

Nov 2016 – Jan 2017: The Committee's terms of reference will be refreshed to reflect the additional delegated primary care functions. These will then need to be approved by the CCG's Governing Body.

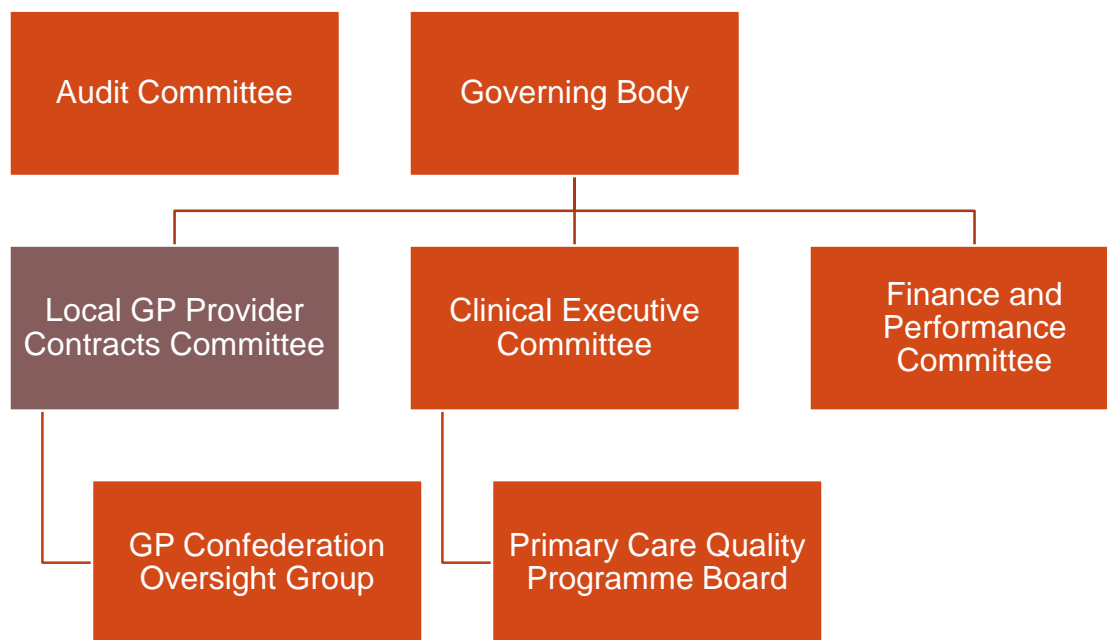
Dec 2016 – January 2017: The CCG's constitution will be revised to reflect the additional delegated primary care commissioning functions. A membership vote to approve the proposed constitutional changes is expected to take place in January 2017. This will then also need to be approved by the CCG's Governing Body.

March 2017: The LGPPC Committee will need to be familiarised with the type of contracts and decisions which they will be responsible for. It is anticipated that this will be done through development sessions and scenario testing.



Proposed Governance Structure

How the Local GP Provider and Contracts Committee (LGPCC) fits into the wider CCG governance structure is shown below.



- City & Hackney CCG with its 2 Local Authorities (LA) are moving to the establishment of fully integrated commissioning in April 2017. Under this model there will be an aligned commissioning strategy across the CCG and the 2 LA Public health and social care commissioners and a collective decision making Integrated Commissioning Board.
- The Boards will be responsible for commissioning services in a way that improves outcomes for local people, delivers patient benefit and supports full integration of service delivery across providers.
- The CCG and its commissioning partners and local providers recognise that to achieve the maximum gain for local people from this arrangement, commissioning responsibility of core primary care is an integral part of the plan.
- Under the scheme of delegation decisions on core primary care would be reserved to the LGPCC and not delegated to the 2 ICBs. However the ICBs would make recommendations to the LGPCC on what improvements and initiatives need to be commissioned from primary care to achieve our collective ambitions and make improvements in outcomes.



Draft Conflicts of Interest Policy

The Conflicts of Interest Policy for City & Hackney has been updated following new guidance published by NHS England in June 2016.

The key recommendations from the revised guidance which relate to primary care committees are shown in the table here.

City & Hackney's updated policy will be taken to the November 2016 Governing Body for approval.

The approved Conflicts of Interest Policy will need to be submitted to NHS England alongside the delegation application to ensure that NHS England are satisfied with the proposed arrangements for managing perceived or real conflicts.

Key recommendations from NHS England Conflicts of Interest Guidance relating to primary care committees

That the Primary Care Commissioning Committee has a lay Chair and a vice lay chair.

It is recommended that GPs do not have voting rights on the primary care commissioning committee. The arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision.

A standing invitation must be made to the CCG's local Healthwatch representative and a local authority representative from the local Health and Wellbeing Board as non-voting attendees, including, where appropriate, for items where the public is excluded for reasons of confidentiality.

The Committee must have a lay and executive majority.

It is recommended that any sub-groups submit their minutes to the primary care commissioning committee, detailing any conflicts and how they have been managed.

To further strengthen scrutiny and transparency of CCGs' decision-making processes, all CCGs should have a Conflicts of Interest Guardian.

City & Hackney draft response

The Local GP Provider Contracts Committee will have a lay Chair and a vice lay chair.

There are no local GP members as regular attendees on the Committee. An independent GP advisor has been included on the voting membership.

City of London and London Borough of Hackney Healthwatch representatives have been included as voting members on the proposed Local GP Provider Contracts Committee membership. Representatives from City of London and London Borough of Hackney Health & Wellbeing Boards are included as non-voting members.

This is reflected in the proposed membership of the Local GP Provider Contracts Committee.

The CCG's procurement strategy requires proposals for changed or new specifications for primary care to be accompanied by a code of conduct template setting out who was involved in the development of the proposal.

The CCG has appointed its Audit Committee Chair as Conflicts of Interest Guardian. This person will support the rigorous application of conflict of interest principles and policies. A third lay member was also appointed to the Governing Body in October 2016.



Staffing & Resourcing

NHS England's Primary Care Contract team are currently responsible for managing primary care contracts. As CCGs across London have begun moving to joint and delegated commissioning of primary care services, NHS England has been carrying out a review of this function.

It has recently been confirmed that a new organisational structure and operating model for primary care commissioning will be implemented at the NHS England and STP level. The North East London locality team (which includes the team providing support to City & Hackney), will move to the STP footprint to allow for a greater primary care presence at the local level.

The changes to NHS England's primary care commissioning function will take place regardless of City & Hackney's level of primary care delegation, however should the CCG move to delegated commissioning, it will be important that they can continue to shape how roles and workplans are aligned.

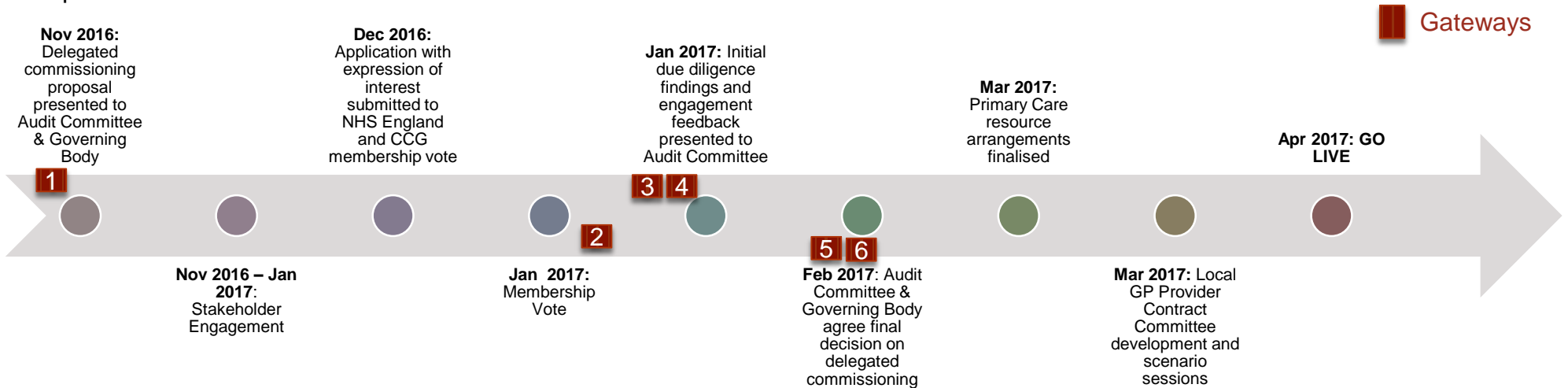


Gateway Process

Gateway	Key Decision / Action	Decision maker(s)	Decision Date
1 Approval for CCG to proceed with application for delegated primary care commissioning subject to gateway checks	<ul style="list-style-type: none"> Agree proposal for applying for level 3 delegated commissioning (application due by 5th December 2016) 	<ul style="list-style-type: none"> CCG Audit Committee Governing Body 	<ul style="list-style-type: none"> Virtually w/c 14/11/16 25th November 2016
2 NHS England confirm whether CCG has been approved to take on delegated primary care commissioning	<ul style="list-style-type: none"> NHS England confirmation as to whether application has been approved 	<ul style="list-style-type: none"> Regional & National NHS England team 	<ul style="list-style-type: none"> 9th December 2017 (regional moderation) 5th January 2017 (national moderation)
3 Membership vote on constitutional changes	<ul style="list-style-type: none"> Agree constitutional changes required to move to delegated primary care commissioning 	<ul style="list-style-type: none"> GP Members (vote) 	<ul style="list-style-type: none"> 5th January 2017
4 Early review of initial Due Diligence findings	<ul style="list-style-type: none"> Review of due diligence findings including: <ul style="list-style-type: none"> Ensuring that all identified risks can be managed within the allocation and by reserves set aside for previous years Ensuring that assumptions built into the operating plans are manageable 	<ul style="list-style-type: none"> Audit Committee Executive Group (Chief Officer, Chief Finance Officer, Programme Director – Long Term Conditions and Primary Care Quality, Independent GP Advisor) 	<ul style="list-style-type: none"> 12th January 2017
5 Review of final due diligence report and recommendation for Governing Body	<ul style="list-style-type: none"> Review of final due diligence report and stakeholder engagement feedback Agree recommendation for Governing Body Approve refreshed terms of reference for Local GP Provider Contracts Committee; scheme of delegation and draft constitutional changes 	<ul style="list-style-type: none"> Audit Committee (extraordinary meeting) 	<ul style="list-style-type: none"> February 2017
6 Governing Body decide on recommendation to progress with delegated primary care commissioning	<ul style="list-style-type: none"> Review of due diligence findings and stakeholder engagement feedback Confirm whether to proceed with delegation process Approve refreshed terms of reference for Local GP Provider Contracts Committee; scheme of delegation and draft constitutional changes 	<ul style="list-style-type: none"> CCG Governing Body 	<ul style="list-style-type: none"> February 2017

Potential Timeline to Delegated Primary Care Commissioning

Outlined below is a high level summary of the steps that would need to take place if City & Hackney CCG were to move to full delegation in April 2017.



Nov Proposal: This will outline what benefits, opportunities and risks are for taking on delegated primary care commissioning, what the roles and responsibilities will be and what the governance structure could look like to support decision making.

Nov – Jan Stakeholder Engagement: CCG constituents will need to be consulted along with other key stakeholders such as, LMC, Healthwatch, and the Health & Wellbeing Board.

Dec Application and expression of interest: This needs to be submitted to NHS England by 5th December 2016. The application will be reviewed by the regional and national teams with confirmation of approval to be issued in January 2017.

Dec-Jan Due Diligence: This process is key in identifying and mitigating any risks and providing assurance to the Governing Body and to NHS England that City & Hackney CCG are in a position to take on delegated authority commissioning arrangements.

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Jan – Mar Resource arrangements: The final arrangements for how the NHS England primary team will function within the NEL STP footprint and will need to be confirmed by NHS England

Feb – Mar Committee Development: It will be important that the Local GP Provider Committee members feel equipped to make GP contract decisions prior to going live in April 2017.