July 2012

PSNC Briefing 042/12: Commissioning Primary Care services

This PSNC Briefing summarises Securing excellence in commissioning primary care which was published by the NHS Commissioning Board in June 2012.

This document sets out the NHSCB's ambition for primary care - to help achieve excellence in primary care provision through excellent commissioning which:

- Delivers a consistent offer to patients of high quality, patient centred services; and
- Builds on the very best practice to deliver continuous improvements in health and care outcomes.

Having a consistent approach will help the NHSCB tackle unwarranted variation but this will have to be balanced with the Government's vision for decisions about services to be made as locally as possible, involving the people who use them as much as possible. To this end, the NHSCB will work in partnership with CCGs and other local networks; and will 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).

The NHSCB's 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; and
- The right balance between standardisation/consistency and local empowerment/flexibility.

The scope of primary care commissioning transferring to the NHSCB has already been set out in policy or through agreement that some tasks and functions are integral to discharging this responsibility:

(a) Commissioning functions

The NHSCB will be responsible for planning, securing and monitoring an agreed set of primary care services. The following functions underpin this:

- **Planning** the optimum services which meet national standards and local ambitions, ensuring that patients, carers and the public are involved in the process alongside other key stakeholders and the range of health professionals who contribute to patient care;
- **Securing** services, using the contracting route that will deliver the best quality and outcomes and promote shared decision-making, patient choice and integration; and
- **Monitoring**, assessing and, where necessary, challenging the quality of services; and using this intelligence to design and plan continuously improving services for the future.
- The NHSCB will facilitate delivery through supportive frameworks and procedures, managing relationships with providers, sharing good practice and securing essential training, development and support.

(b) Support functions

The following will also be discharged in local area teams, probably through the primary care commissioning arrangements:

- Local responsible officer functions

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- Local management of the performer lists
- Market entry and exit for pharmaceutical services
- Managing individual performance issues for dentists, community pharmacists, GPs and optical providers
- Commissioning occupational health services for primary care providers and their staff
- Helping to secure services for patients following a major incident such as fire, flood or similar emergency
- Supporting providers in difficulty to ensure that basic services continue
- Contracts for disposing of clinical waste, including medicines
- Distributing forms, e.g. prescriptions, sight test forms.

(c) Payment and associated functions

This is mainly payment for core contract delivery, but may include Enhanced services, where these are commissioned.

Key principles of the NHSCB's primary care operating model:

- **Quality will be the overriding principle**. Everyone in the system must focus on clinical effectiveness, safety and patient experience, although their role will differ depending on their job and the area where they work
- **Patients' experiences** are the main driver of the primary care commissioning arrangements
- The system will be **clinically led** through a range of mechanisms, including central and local clinical leadership teams, explicit partnership arrangements with CCGs and local professional networks for dental, pharmaceutical and optical services which will include relevant public health clinicians
- **Teams will work in one system**, but in different ways and with a different focus depending on local circumstances
- Local primary care teams should strive to **get the best from relationships** by focusing on problem solving and not putting up, or being constrained by, any unnecessary barriers
- Managing **contractual relationships will be guided by standardised frameworks**, but there remains a need for some local judgement and flexibility. Where standard procedures are not in place, and they cannot cover every eventuality, local teams will use their judgement and be guided by the culture, values and expected behaviours promoted by the Board
- We will be **judged on outcomes** and this should drive our approach to provider management. We will avoid "clipboard" contract management and concentrate on improvement strategies. We will adopt a proportionate risk-based approach to our relationships with providers based on trust. We will not tolerate sub-standard performance and "support to improve" will come before contractual sanctions unless there are serious breaches or concerns.

Common operating procedures

The NHSCB is developing common operating policies and procedures to support local area teams in the following areas:

- Performance management frameworks
- Dealing with concerns about individual performance, issues and incidents
- Managing variability, e.g. local pharmaceutical services
- Operational matters, e.g. managing disputes
- Payment policy
- Market management, e.g. procurement, pharmaceutical services market entry and exit
- Policies relating to the discharge of the responsible officer functions.
- Standard procedures will become available in draft from July to September 2012, for testing with stakeholders (including PSNC) and PCT clusters.

Commissioning support services

The arrangements for commissioning support are developing and hence the following detail is only a broad indication of what the NHSCB might require to support primary care commissioning.

a) Payment services

The BSA will continue to provide a pharmaceutical and dental payments service, as well as contract monitoring data (the current financial reports provided to PCTs), audit and fraud prevention work. The NHSCB are discussing how the BSA might manage all payments to dental and pharmaceutical service contractors in the future, given that some PCTs still make local contract payments themselves.

b) Business intelligence

To ensure all parts of the system have the same core intelligence to draw comparisons and make decisions, there must 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.

c) Procurement and market management

Support for local area teams in procuring new and replacement services will be sourced centrally by the NHSCB.

d) Support for redesign and development

There is potential locally to share primary care development (e.g. clinical governance support, clinical audit) functions with CCGs and it may be most efficient and effective to secure this through emerging commissioning support services.

e) Provider management

There are no plans to ask commissioning support services to provide primary care contract management, beyond business intelligence requirements.

Local professional networks (LPNs)

Strong clinical leadership and engagement should be integral to the local area teams and the LPN concept is one way of achieving this. LPNs of the NHSCB will work in partnership with CCGs, where relevant, health and wellbeing boards, patients and the public and complement and support the JSNA and PNA processes and local commissioning plans. They will:

- Support the implementation of national strategy and policy at local level
- Work with other key stakeholders on the development and delivery of local priorities, some of which go beyond the scope of primary care commissioning
- Provide local clinical leadership and, as well as being accountable within local area teams, there will be a professional line of accountability to the NHSCB's chief professional officers.
- The NHSCB is currently testing the different aspects of establishment of LPNs, including practical set up, leadership capacity and capability, relationships with local representative committees and managing conflicts of interests.

LPNs will have three key characteristics:

1. A small, clinically-led commissioning team at the core of the network to support the local area team to secure dental, pharmaceutical and optical services
2. Opportunities for more clinicians to get involved in service improvements and redesign work through local (and larger) networks and focussed projects as the need arises
3. Engagement with the wider community of practitioners, practice owners and others involved in providing services.

LPNs will have the following functions in common:

- **Support the NHSCB in commissioning these services** by ensuring representative and robust clinical input to decision making and leading the profession in peer review and support, maximising performance, addressing inequalities and driving continuous improvement

- **Provide clinical leadership and facilitate wider clinical engagement** at grass roots, a key principle of the NHSCB. Clinically led local professional networks are probably the best means to do this, as they understand the provider perspective
- Provide a mechanism for **engaging patients, carers and the public**
- **Establish solid and productive local commissioning relationships** with CCGs, health and wellbeing boards, LETBs and others to ensure the provision of high quality, appropriate services
- **Advise and work in partnership with the health and wellbeing boards**, for example, to deliver improvements in oral and general health and to promote healthy living through initiatives like "making every contact count"
- **Feed into other clinical networks**. Local area team LPNs will be a potential resource for clinical senates and strategic clinical networks and will provide professional development opportunities for clinicians working with the NHSCB
- **Engage with local representative committees (local dental committees, local optical committees and local pharmaceutical committees),** and ensure contractors' perspectives are considered in how best to meet the needs of patients.

Local pharmacy networks

The primary care commissioning responsibilities for pharmaceutical services are concerned primarily with the quality of services provided as well as the general provision of services to meet local needs. However, local pharmacy networks could have much to offer the development and improvement of local health services more generally, as well as supporting the commissioning of primary care.

Within the context of local area teams, local pharmacy networks will provide clinical leadership in medicines optimisation. They will also be able to develop the role of community pharmacy in supporting self-care and in helping patients and carers to manage long term conditions effectively.

They will work with:

- CCGs to deliver innovative solutions for the safest and best use of medicines
- Public health to develop the healthy living pharmacy concept and promote greater use of pharmacy premises for health promotion
- Local authorities in the development of the PNA, which the NHSCB will use to inform the commissioning of NHS pharmaceutical services (and which local authorities will use to inform the commissioning of public health services from community pharmacies)
- Patients, carers and voluntary organisations to understand local needs, improve services and develop education programmes about medicines use.

NHSCB and Local representative committees (LRCs)

The relationships with LRCs will be particularly important in developing the new system. The NHSCB, through its local area teams, will work to ensure these are strategic, focused and respectful relationships.

LRCs can add real value to the consistency ambition by sharing experiences and challenging any inappropriate behaviours. They will have a specified role in the process for dealing with performance concerns and, more generally, should be the best representatives of their members' views and interests.

NHSCB and the Department of Health

There will need to be a strong relationship between the NHSCB and the Department of Health, beyond that covered by the mandate, because of the Department's responsibilities for the legislative framework, including the regulations and directions governing primary care contracts.

In most cases, where changes to regulations or directions are required in relation to primary care contracts, the NHSCB will be responsible for developing proposals and discussing them with professional representatives.

The NHSCB's role in commissioning NHS pharmaceutical services will be interdependent with the Department's ongoing role in medicine pricing. Policy on dental and prescription charges, including the level of charges and exemptions and remissions will remain with DH.

If you have queries on this PSNC Briefing or you require more information please contact Alastair Buxton, Head of NHS Services.