



The Delegated Primary Care Commissioning Committee

The work do we do and what we hope to achieve

General Practice is facing greater challenges than ever before. This means that we need to make it as simple and straightforward as possible for our 23 practices to work with us, both to manage the *short term pressures* they face and to agree *longer term development plans* that will make general practice stable and sustainable into the future.

Since April 2016 this has been made simpler. Although the Clinical Commissioning Group has always been responsible for improving the *quality of general practice* through our own local development money and contracts, it was NHS England that had the responsibility for managing the *main NHS contracts of service* with each individual GP practice. Practices had to work with both the CCG and NHS England which was time-consuming and there wasn't one overall agreed plan or set of priorities.

NHSE England understood this problem and invited interested Clinical Commissioning Groups (CCGs) to take responsibility for these contracts on their behalf with the individual practices. We applied to do this from April 2016 and were successful. It means that although NHS England are still legally in charge of the contracts with the individual practices, we now carry out this work for them alongside our own work to improve the quality of general practice.

We hope that this will work better because it means that we can work with a single coherent approach for managing the GP contracts day-to-day now and developing one plan together with practices for a sustainable future.

The Delegated Primary Care Commissioning Committee is the group in the CCG that oversees this work. It is different to the CCG's other committees because it can make decisions on the individual GP contracts (the work we do for NHS England) itself, rather than having to have them signed off by the CCG's Governing Body.

The main aspects of our work are:-

- ✓ making sure there is a *long term plan for sustainable general practice* into the future within the budget available which we hope is now growing since NHS England published the GP Forward View-see <https://www.england.nhs.uk/wp-content/uploads/2016/04/gpfv.pdf>

We agreed the *Primary Care Strategy* in June to help this to happen. You can read it below.

A major part of this strategy is about helping GPs to work together in larger groups in our five localities of Aldershot, Farnborough, Fleet, Farnham and Yateley and plan

their services more for each town as a whole. We also believe that “prevention is better than cure” and are developing more services to keep people well in the first place and manage their symptoms well if they do have a long term health issue like diabetes. This is known as “self-care”

- ✓ implementing the strategy through the way we design and buy primary care services. This is called our annual *primary care commissioning intentions* which sets out how we will invest our money wisely each year together with the results and improvements that it is buying
- ✓ genuinely *engaging primary care staff and patients & the public* in our plans and making sure that their voices are heard, by working with the GP practice teams in their five locality meetings and with the practices’ Patients Participation Groups
- ✓ continuing to *improve quality* by:-
 - working with the CCG’s Quality Improvement Committee to make sure that we *monitor and review* all aspects of quality thoroughly to deal with any concerns
 - supporting NHS England in their responsibility to deal with any *complaints* about general practice
 - running an effective annual programme of *practice support visits* to help practices continue to improve
 - making sure that each practice is properly *registered with the Care Quality Commission* and has a good action plan following *inspection visits*
 - administering the *Quality and Outcomes Framework (QoF)*, a national points - based incentive system that rewards practices for certain aspects of quality
 - working with GPs to improve the way we use prescriptions to benefit patients and the public
 - using our own *CCG development* money wisely when investing in the *local contracts* we develop to complement the contracts that we run for NHS England
- ✓ *smooth running of the contracts* with each General Practice day-to-day. We do this by making sure that the CCG’s management is:
 - paying practices on time and accurately
 - dealing with contract queries promptly
 - handling changes in partners, retirements, resignations and practice mergers
 - helping with other problems as they crop up e.g. computers and technology
 - dealing with any problems or breaches of contract by practices
- ✓ helping practices *develop buildings and information technology fit for the future* through
 - the minor improvement grants scheme

- our longer term estates and information technology strategies
- ✓ helping practices *stabilise their staffing* and developing a *workforce plan* for the longer term
- ✓ working with Hampshire and Surrey County Councils' Public Health teams who commission (buy) public health services provided by GPS e.g. NHs health checks

We will report each year on how effective our work has been, sharing our successes and being honest and open about where we still need to improve. The Committee will meet monthly to start with until we think that things are more settled and that meeting bi-monthly or quarterly is sufficient. The table below shows who we are as members of the Committee.

Role	Name as at April 2016	Voting /Non-Voting =V/NV	Clinical/Non-Clinical Member = C/NC
CCG Lay member (Chair)	Mark Hammond	V	NC
CCG Lay member (Vice Chair)	Peter Cruttenden	V	NC
CCG Chief Officer	Maggie Maclsaac	V	NC
CCG Director of Commissioning	Aison Edgington	V	NC
CCG Chief Finance Officer	Roshan Patel	V	NC
CCG Director of Nursing and Quality	Emma Holden	V	C
CCG Lay Secondary Care Expert	Mr Edward Palfrey	V	C
CCG Medical Director	Dr Peter Bibawy	V	C
CCG Clinical Director for Primary Care	Dr Steven Clarke	V	C
Health and Wellbeing Board/Public Health Representative	To be decided	NV	C/NC dependent on background of nominee
Chair of CCG Practice Council	Dr David Brown	NV	C
Chief Executive, Wessex LMCs	Dr Nigel Watson	NV	C
HealthWatch Representative	To be decided	NV	NC

June 2016