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| **Chief Executive’s**  **Report** | 2014/04  July/Aug 2014 | Logo |

**Co-Commissioning**

NHS England Board papers indicate that most CCGs (183 out of 211) have put forward expressions of interest (EoI) in response to NHS England’s Chief Executive, Simon Stevens’ request for CCGs to indicate whether they would be interested in a different model of commissioning – although only an outline was given in terms of potential new arrangements. In London and the South of England, all but one CCG (Crawley) put forward an EOI.

Area Teams undertook a desk-top (London) or meeting (Surrey and Sussex) evaluation exercise which involved categorising the EoIs in terms of perceived readiness to undertake the proposed arrangements (ready now; ready soon; ready later) and, with some difficulty, the EoIs were divided into three categories:

**Category A**: greater involvement in current Area Team commissioning arrangements.

**Category B**: joint commissioning, in which a ‘Committee in Common’ across NHS England and the CCG(s) would be created. Funding streams will remain with NHS England.

**Category C**: delegated authority, which implies the delegation of certain budgets to CCGs. This requires CCGs to have the capacity and expertise, a demonstration of benefits to patients, and that CCG governance arrangements are robust.

The difficulty in categorization arose because most, in fact nearly all, CCGs submitted EoIs which covered a range of arrangements.

NHS England are developing proposals for “Committees in Common” and expect to make these available by October.

Although not formally part of the Co-commissioning proposals it also appears likely there will be moves to transfer responsibility for aspects of specialised commissioning from the Area Teams to CCGs, as part of a review of Area Team functions.

Additionally, and not unrelated, announcements are expected soon in terms of a reorganisation of Area Teams; this may include mergers within South Region, and the transfer of some responsibilities to Director level at NHS Regional HQ, in Newbury.

**PCSS Update**

As colleagues will know, there has been considerable uncertainty regarding the future of English Primary Care Support Services for over a year now. This was supposed to be resolved by NHS England early in 2014 but at successive Board meetings they have deferred decisions: this has resulted in significant instability at the PCSS locally as they were at one point told the Surbiton Offices would close, with Lancing remaining open, and then suddenly the opposite solution was put forward,. A number of staff have, unsurprisingly, already left.

At its July Board meeting NHS England has decided to undertake a procurement process to select a future supplier of PCSS services, this is unlikely to be completed for several months, leaving PCSS staff with continuing uncertainty as the in-house solution was not felt to provide “the required level of efficiencies”. The LMC and GPC have put forward their real concerns over this instability, its effect on current staff and the services for which they are responsible, and also given the significant upsurge in payment difficulties to practices a real concern that a solution based on a race to the (financial) bottom will only exacerbate the problems GP practices are facing.

**PPG DES: Update**

I have written to all practices about this issue: in summary, over 150 GP practices in South London have not been paid for the 2013/14 PPG DES. Because of the stepped nature of the payment arrangements for this DES, practices do not receive payment for any component(s) above the component they are not deemed to have completed, even if the work associated with that/those component(s) has been undertaken. If a practice does not complete component 1 it will not be paid at all. NHS England has interpreted the PPG DES guidance in a way that means many practices have not “completed” component 1 of the DES, even though the LMCs view is such practices should not have had to even undertake it.

NHS England has agreed to review the situation and it is likely I will have more to report within the next week or so.

**GP Contractual Issues**

1. **PMS Reviews**

As in my May Report I can advise the Committee that although NHS London are apparently working on proposals for a PMS Review they have not yet seen the light of day as far as the London LMCs are concerned.

As in my May Report I can advise the Committee that Surrey and Sussex Area Teams are in the planning stages of a local PMS Review and a meeting to discuss this has been arranged for 11th August; there is to be a review of current PMS spend; and an attempt to identify the “added value” in terms of patient services currently provided by those PMS practices that receive contract payments higher than GMS Global Sum, once any non ‘like-for-like’ budget lines are disaggregated. PMS practices are likely to be asked to complete such requests templates during September.

1. **MPIG**

There has been considerable publicity, but no further concrete developments in terms of the contract changes or MPIG transition.

1. **GP Choice Arrangements**

NHS London and the Surrey and Sussex Area Team both report they are awaiting further NHS England guidance before making proposals for funding these arrangements, which are due to be introduced on 1st October 2014.

**iv)** **DDRB**

The Treasury has written to the DDRB requesting they accept no evidence in relation to salaried doctors and therefore make no recommendations for financial year 2015/16, as the Government intends to make the same Award as in 2014/15. This approach does not apply to Independent Contractors.

**v) Update on Appraisal Arrangements in South London.**

The South London Area Team report that, by 1st July 2014, approximately 34% of GPs (the target is 60% by March 2015) have had a revalidation decision and thus the process is on track.

Jane Fryer recently wrote to all GPs across South London advising that the only acceptable Appraisal Toolkit for GPs not in training was Clarity, which the Area Team will be funding to make available for all GPs for at least two years. As this was being digested, the RCGP caught everyone by surprise by announcing they had made the “difficult” decision to partner with an external company – Clarity Informatics – to provide a unified revalidation e-portfolio toolkit for GPs. This is expected to be available from August 2014 and will at that point replace the colleges existing Revalidation Portfolio.

The South London Area Team have also invited GPs to choose a patient cancer diagnosis as a significant event: this is not mandatory, and colleagues may feel the template associated with this Significant Event is more designed to fulfil an NHS London programme than your own appraisal and learning needs: however, the important message is that undertaking and completing this is entirely voluntary and if there is a low uptake the LMCs feedback will be that this is likely to be associated with the complexity of the suggested template.

**Friends and Family Test**

NHS England have published further details of the Friends and Family Test (FFT) which becomes a contractual requirement for GP practices from 1st December 2014. The FFT has already been used in Acute Trusts since April 2014, and although there are (recently publicised) concerns about the methodology there is also evidence it does provide useful feedback for NHS organisations.

Essentially the aim is to offer a standard FTT question, and (at least) one further practice agreed question, which can be answered by patients at the practice. The opportunity to complete the FFT must be available although it is not necessary to make an “offer” after every appointment or interaction with the practice.

The collected data must be submitted on a monthly basis to NHS England; the submission “is expected” to use CQRS although there must be relatively few colleagues who would wish to guarantee this will be possible – and indeed NHS England does not do so.

NHS England will publish these results, although the format is not yet decided, and practices will also be expected to publish their results locally, in a format to be decided by the practices, and if participating in the PPG DES to discuss their results with their PPG.

Further details of the FFT are available at: <http://www.england.nhs.uk/ourwork/pe/fft/fft-guidance/> with specific information for GP practices included.

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