

CCG Assurance Framework 2015/16 Delegated Functions - Self-certification

CCG Name or joint committee of CCGs	
Lincolnshire West CCG	
Quarter/year to which certification applies	Q1 2015-16

1. Assurance Level

To support ongoing dialogue, CCGs are asked to provide a self-assessment of their level of assurance for each Delegated Function (as appropriate).

	Assurance Level	Change since last period
Delegated commissioning	Assured as good	Not applicable
OOH commissioning	Assured as good	Not applicable

N.B All OOH are commissioned through Lincolnshire Community Health Services NHS Trust, none are commissioned through CCG member practices.

2. Outcomes

Briefly describe progress in last quarter towards the objectives and benefits the CCG set out in taking on delegated functions, in particular the benefits for all groups of patients
<maximum 200 words>

Delegated Functions:

Focus during the first quarter has been on getting appropriate systems and processes in place to facilitate desired improvements. A primary care Quality subcommittee has been established and a Dashboard of key quality indicators agreed and produced, which benchmarks our practices against national, CCG and locality groups. Support has been provided to practices in relation to CQC visits and any required remedial action.

Delegation has supported improved engagement with practices and work has begun to look at better alignment of QOF to the key CCG objectives. The CCG has taken measures to improve the recruitment of GPs including a recruitment incentive scheme, and an integrated recruitment drive with the LMC.

The CCG has been proactive in supporting continuity of primary care in Gainsborough (an area of high deprivation), identify integrated ways to support one practice to remain open despite the loss of more than 50% of its GPs.

OOH commissioning: OOH is commissioned from Lincolnshire Community Health Services NHS Trust and does not incorporate CCG practices as providers. The last CQC inspection of OOH assured the services as 'Good'.

3. Governance and the management of potential conflicts of interest in relation to primary care co-commissioning (this section should be completed by those CCGs which undertake joint commissioning with NHS England as well as those that have delegated commissioning arrangements)

	Co-commissioning	OOH commissioning
Have any conflicts or potential conflicts of interest arisen during the last quarter?	Yes	No
If so has the published register been updated?	Yes	No
Is there a record in each case of how the conflict of interest has or is planned to be managed?	Yes	Not applicable

Please provide brief details below and include details of any exceptions during the last quarter where conflicts of interest have not been appropriately managed

<maximum 200 words>

Delegated Functions:

There have not been any instances where conflicts of interest have not been appropriately managed. At the beginning of every meeting members are asked to declare any conflicts of interest. This used to happen as a standing item after the minutes but it now occurs straight after apologies, as conflicts may arise in consideration of issues arising from the minutes.

The following extract from the PCCC minutes provides a good example of how conflicts of interest have been handled

Minutes of the Primary Care Commissioning Committee Meeting

Held on Wednesday 20th May 2015

The Showroom, Tritton Road, Lincoln, LN6 7QY

15/048 DECLARATIONS OF INTEREST

Dr Hindocha, Dr Whitlow, Dr Qureshi, Dr Vessey all declared an interest in agenda items: **6** – Cardiovascular Intelligence Packs, **7** – Making a Difference to Primary Care, **8** – Concordat for the Sharing of Information and the Management of Concerns relating to the Professional and Contractual Performance of Primary Medical Practitioners and agenda item **9** – 2015/16 Locally Enhanced Services.

15/053 2015/16 LOCALLY ENHANCED SERVICES

Ms Newton referred to the Lincolnshire West CCG Pricing Principles paper and advised that CCG's will need to develop their own pricing policy as no national mechanism had been set. It was further noted that there will be pricing variances across the CCG's, particularly in light of affordability.

Mrs Patrick circulated a copy of the current LES's/DES's for the CCG.

Mr Childs stated that as GP's are beneficiaries to this, they would be required to input in the debate, however, when a decision is finalised, it would be inappropriate for the clinician colleagues to remain in attendance and would therefore leave the meeting at this point. Dr Vessey, Dr Whitlow, Dr Hindocha and Dr Qureshi left the meeting.

4. Procurement and expiry of contracts

Briefly describe any completed procurement or contract expiry activity during the last quarter in relation the Delegated Functions and how the CCG used these to improve services for patients (and if and how patients were engaged).
<maximum 250 words per Delegated Function>

Delegated Functions: None

OOH Commissioning: None

Local Incentive Schemes

Is the CCG offering any Local Incentive Schemes to GP practices?	No
Was the Local Medical Committee consulted on each new scheme?	No
If any of those schemes could be described as novel or contentious did the CCG seek input from any other commissioner, including NHS England, before introducing?	No
Do the offered Local Incentives Schemes include alternatives to national QOF or DES?	No
<i>If yes, are participating GP practices still providing national data sets?</i>	No

What evidence could be submitted (if requested) to demonstrate how each scheme offered will improve outcomes, reduce inequalities and provide value for money?

<maximum 250 words for each Delegated Function>

Delegated Functions: Not applicable

OOH commissioning: No local incentive schemes to GP Practices were associated with OOHs as this service is provided by LCHS

5. Availability of services

Briefly describe any issues raised during the last quarter impacting on availability of services to patients (include if and how patients were engaged).
<maximum 250 words for each Delegated Function>

Delegated Functions:

There have been two issues relating to resilience of primary care services, both in Gainsborough. The first related to a practice which had a shortfall of 2 GPs and was unable to recruit, with 2 further part time partners giving notice, leaving potentially just one partner for 9,000 registered list. Intensive support was provided to this practice by the CCG and its members, including facilitating discussions with other practices in the area, the LMC and community provider, in order to explore new ways

of working. This practice has now been stabilised and continues to provide comprehensive primary care services. The second practice applied for a temporary closure to its list, as it was unable to recruit and its list size had increased, whereas others in the area had remained static or declined. After consultation with other practices in the area, HealthWatch, PPGs and other interested groups, permission to close the list for 4 months was granted. The list size has reduced and new patients will be accepted again from the end of September.

OOH commissioning: No issues with availability of GP OOH services.

	Delegated commissioning	OOH commissioning
How many providers are currently identified by the CCG for review for contractual underperformance?	[0]	[0]
And of those providers, how many have been reviewed and there is action being taken to address underperformance?	[0]	[0]
During the last quarter were any providers placed into special measures following CQC assessment?	No	No
If yes, please provide brief details of each case and how the CCG is supporting remediation of providers in special measures <maximum 50 words per case>		
Delegated Functions: Not applicable		
OOH commissioning: Not applicable		
In the last 12 months has the CCG published benchmarked results of providers OOH performance (including Patient experience)		Yes
If yes, please provide link to published results: http://www.lincolnshirewestccg.nhs.uk/documents		
then look at GP Patient Survey Results 2013-14 and 2014-15		

6. Internal audit recommendations

	Co-commissioning	OOH commissioning
Has internal audit reviewed your processes for completing this self-certification since the last return?	No	No
If so, what was their conclusion and recommendations for improvement? <maximum 200 words for each Delegated Function>		
This is the first self-certification and the CCG will request a review of self-certification processes by internal audit during Q2. A review of Delegated Commissioning arrangements is also part of the 2015/16 Audit plan.		

Use this space to detail any other issues or highlight any exemplar practice supporting assurance as outstanding

Not applicable

7. CCG declaration

I hereby confirm that the CCG has completed this self-certification accurately using the most up to date information available and the CCG has not knowingly withheld any information or misreported any content that would otherwise be relevant to NHS England assurance of the Delegated Functions undertaken by the CCG.

I confirm that the primary medical services commissioning committee remains constituted in line with statutory guidance.

I additionally confirm that the CCG has in place robust conflicts of interest processes which comply with the CCG's statutory duties set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012), and the NHS England statutory guidance on managing conflicts of interest.

Signed by Sunil Hindocha CCG Accountable Officer

Name: Sunil Hindocha
Position: Accountable Officer
Date: 25/9/2015

Name: Roger Buttery
Position: Chair of Audit Committee & Lay Member of LWCCG
Date: 25/9/2015

Please submit this self-certification to your local NHS England team and copy to england.primarycareops@nhs.net using the email subject 'Delegated functions self-certification.'