

Frequently Asked Questions - Delegated commissioning

What is delegated commissioning?

Current joint-commissioning arrangements mean that Milton Keynes CCG has joint responsibility with NHS England for commissioning primary care services. Delegated commissioning gives full responsibility for commissioning primary care services to the CCG.

What will delegated commissioning mean for GPs?

Delegated commissioning will allow for greater clinical control and influence over local primary care services and investment in general practice. Services and contracts that are managed locally should see increased efficiency and responsiveness.

What are the opportunities and benefits of delegated commissioning?

The potential benefits and opportunities of delegated commissioning include:

- greater control over making changes to the way in which services are commissioned to ensure that they better align with the strategic direction
- greater local and clinical influence over primary care decision making and the potential to accelerate local primary care transformation
- opportunities to redesign local schemes to replace the Quality and Outcomes Framework (QOF), Directed Enhanced Services (DES) and Local Enhanced Services (LES) contracts based on local knowledge
- benefits patients by providing a greater opportunity for them to influence local service delivery meaning local services that are better suited to address local needs and priorities
- improved integration between primary care and other parts of the health system, creating more opportunities to improve out-of-hospital services
- the ability to align local incentive schemes more closely to our strategic intentions
- control of primary care medical budgets
- the opportunity to use local CCG insight to drive up quality across the local primary care system

What are the risks of delegated commissioning?

The potential risks of delegated commissioning include:

- the CCG will take on responsibility for managing primary care budgets. Associated transferable resources from NHSE may be insufficient and require additional investment
- the CCG will assume responsibility for budgetary pressures deriving from commissioning primary care, including Quality, Innovation, Productivity and Prevention (QIPP) efficiency savings

What kinds of functions will be delegated to the CCG?

- General practice commissioning
- Procurement of Primary Medical Services Contracts
- Responsibility for GP practice contract managing performance

- The approval of practice mergers
- Responsibility for making decisions on practice closures; however, the CCG will still need to consult with NHSE
- Ability to establish new practices in an area
- Design and implementation of local incentive schemes
- Decisions in relation to Directed Enhanced Services
- Decisions about 'discretionary' payments, including maternity, paternity and sickness
- Decisions about commissioning urgent care (including home visits as required) for out of area registered patients
- General practice budget management
- Planning primary medical care services, including carrying out needs assessments
- Undertaking reviews of primary medical care services
- Complaints management
- Decisions in relation to the management of poorly performing GP practices
- Premises Costs Directions Functions including making payments in relation to recurring premises costs (such as rent) and premises developments or improvements

Which functions will remain with NHS England if primary care commissioning was delegated to the CCG:

- Responsibility for dental, ophthalmic and pharmacy and management of the national performers list for GPs.
- Management of the revalidation and appraisal process.
- Administration of payments and performers list management.
- Capital Expenditure Functions.
- Section 7a Functions e.g. national screening and immunisation programmes.
- Decisions in relation to the Prime Minister's Challenge Fund.
- Capital expenditure will not be delegated to CCGs due to the capital approvals process.

What about conflicts of interest?

The CCG already manage conflicts of interest as part of its day-to-day work and assuming responsibility for commissioning primary care services will make this even more important. Guidance on delegated commissioning clearly states that GPs cannot participate directly in the procurement of their own services. Conflicts of interest, perceived or actual, can be mitigated by robust governance processes and learnings from other fully-delegated CCGs.