

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

CCG Name or joint committee of CCGs	
NHS Northumberland Clinical Commissioning Group	
Quarter/year to which certification applies	Q3 2015

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	Not applicable	Not applicable
OOH commissioning	Assured as good	Not applicable

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>
<p>During Q3, the CCG has:</p> <ul style="list-style-type: none"> • Approved and published its primary care strategy. • Analysed (for 40 of 44 practices) the capacity and demand on practices, the community and acute services activity by practice and the access models that are in place across Northumberland. • Started to agree plans with each of the practices to introduce a new access model. Activity consequences for community and acute services are also being modelled, as part of the 'logic model' of the vanguard programme. <p>Patient outcome measures are contained within vanguard logic model in detail, embedded here. This includes outcomes to be delivered through seven day working in primary care hubs.</p> <div style="text-align: center;">  <p>Northumberland Logic Models.pptx</p> </div>

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	Choose an item.
Is there a record in each case of how the conflict of interest has or is planned to be managed?	Yes	Choose an item.
<p>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></p>		
<p>The potential re-location of the Rothbury Practice to the Community Hospital in Rothbury (which is owned by Northumbria Healthcare NHS Foundation Trust) was an agenda item. A conflict of interest emerged as follows:</p> <p>At the beginning of the meeting the Chair highlighted that her husband was directly involved with the relocation project and she would withdraw for that agenda item. The meeting remained quorate and chaired by the deputy chair.</p> <p>Note: The Committee's register of conflicts of interest contains a declaration (signed by the Chair 27 August 2015) that her husband is an Associate Director for Primary Care for Northumbria Healthcare NHS Foundation Trust. This conflict was therefore handled appropriately.</p>		

4. Procurement and expiry of contracts

<p>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></p>
<p>The OOHs contract expired in April 2015. The consequent variation included a proposal for new key performance indicators (KPIs), designed to provide additional information concerning improvement to patient outcomes. The KPIs were agreed 21 October 2015 and a memorandum of understanding will be developed with the provider. Developments will be monitored closely and reported in future returns. Contract variation to OOH contract being handled Q4.</p>

Local Incentive Schemes

Is the CCG offering any Local Incentive Schemes to GP practices?	Yes
Was the Local Medical Committee consulted on each new scheme?	Yes
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?	Yes
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>	Choose an item.

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>

None of the Local Incentive Schemes above meet the formal definition of novel, contentious and repercussive as laid down in HMT's Managing Public Money guidance.

In 2015/16 we have developed an outcome based population wide incentive scheme. The attached document outlines the objectives and performance measures.



1FINAL GP
Community Service B

6. 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>

Harbottle Surgery: An extensive initial engagement period with former Harbottle patients (which completes 29 February 2016) is currently underway, designed to ascertain what local people want from future GP services in the area.

The engagement will be undertaken in two phases. Phase 1 asks previous patients to complete a short survey. NHS England and the CCG will then look at all the responses alongside all the other information and feedback it has already received, including the views of Healthwatch Northumberland. We will then agree how to use the feedback for 'phase 2' and what 'phase 2' engagement will look like. This is likely to start in April/May 2016.

Support to vulnerable practices: We are working with NHS England on the 'support to vulnerable practices' programme. Four practices were identified by NHS England for participation in the programme, although not all have accepted the offer.

	Delegated commissioning	OOH commissioning
How many providers are currently identified by the CCG for review for contractual underperformance?	0	[number]
And of those providers, how many have been reviewed and there is action being taken to address underperformance?	0	[number]
During the last quarter were any providers placed into special measures following CQC assessment?	No	Choose an item.
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>		
In the last 12 months has the CCG published benchmarked results of providers OOH performance (including Patient experience)	No	
If yes, please provide link to published results:		

7. 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>		
The CCG has discussed primary care co-commissioning functions with internal audit and have agreed that, prior to a potential move to L3 delegated commissioning in April 2016, an internal audit of current governance and processes is undertaken in Q4 2015/16.		

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

The CCG's Quality Assurance programme for practices

The capacity and demand analysis in Northumberland provides a unique oversight of access to primary care and will create additional capacity in the system without additional monies.

The primary care strategy has been endorsed by the LMC and widely accepted across practices.

8. 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.

Name: Janet Guy

Position: Chair of the Northumberland Primary Care Co-Commissioning Committee

Date: 22 October 2015

Name: Steve Brazier

Position: NHS Northumberland Clinical Commissioning Group Audit Committee Chair

Date: 22 October 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.'