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To CCG Accountable Officers and CCG Clinical Chairs  
Cc NHS England Regional Directors and Directors of Commissioning Operations

Dear colleague,

### **Delegated commissioning of primary medical services**

We are writing on behalf of the joint CCG and NHS England primary care co-commissioning programme oversight group to encourage CCGs operating under the joint or 'greater involvement' primary care co-commissioning model to consider applying for full delegation on 6 November 2015. Whilst we will continue to support all three co-commissioning models, and await the independent audit of CCG management of co-commissioning conflicts of interest, we are increasingly learning that the delegated model looks most likely to deliver the greatest benefits for local populations and is simpler, easier and more practical to implement than joint arrangements, particularly for the staff doing the commissioning. We have therefore simplified the application process for delegated commissioning this year and will provide support to all CCGs who wish to take forward this model.

#### **A. Early benefits and opportunities of delegated commissioning**

CCGs have reported that in the first six months delegated commissioning has:

- Increased the local appetite and energy to develop primary care services and new models of care.
- Enabled the development of a clearer, more joined up vision for primary care, which is aligned to CCGs' wider system priorities.
- Increased clinical leadership and public involvement in primary care commissioning, enabling more local decision making.
- Improved CCGs' relationships with a wide range of local stakeholders, including member practices, as more conversations are now happening locally about primary care development and practice sustainability.

Delegated commissioning offers CCGs opportunities to improve out-of-hospital services for local populations and to shift investment from the acute to primary and community settings. It will support the development of:

- New models of care, as having a single accountable provider for a defined population requires a joined up local commissioning model, where budgets can be pooled and a single  
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contract agreed

- Local incentive schemes that are aligned with CCGs' strategic intentions.
- Outcomes based commissioning.
- GP federation arrangements, as well as changes to the organisation of community based services.

Ultimately, delegated commissioning will benefit local populations by improving primary care access, outcomes, patient experience and reduced health inequalities.

Last year, we agreed with CCGs and NHS Clinical Commissioners a standardised set of primary medical functions for delegated arrangements, as set out in the delegation agreement. The same primary medical services functions will be delegated to CCGs in 2016/17 as 2015/16. To keep the process as simple and easy as possible, and avoid unnecessary legal fees, CCGs applying for delegation for 2016/17 should not seek local variations.

### **B. Support for full delegation**

A suite of documents are available on NHS England's [website](#) to support CCGs to take forward delegated arrangements. In addition, we will continue to hold webinars in October to address any queries CCGs have. A webinar on workforce models for full delegation will be held on Tuesday 20<sup>th</sup> October at 2pm. In addition, we will be holding a further webinar on Wednesday 28<sup>th</sup> October at 2pm to address any operational and legal questions CCGs have about delegation. Please email [england.co-commissioning@nhs.net](mailto:england.co-commissioning@nhs.net) for webinar joining details, and with any general or specific queries you may have—the co-commissioning team is on standby to offer support wherever they can.

### **C. Wider primary care**

The Forward View signals a clear and continued shift towards a “place-based” commissioning system, with CCGs commissioning services around the total needs of local populations. In 2016/17 we will be exploring options for the possible expansion of co-commissioning into wider primary care areas, with full and proper engagement of CCGs, NHS Clinical Commissioners and the relevant professional groups. With regards to community pharmacy, scoping work will focus upon how we can strengthen partnership working between NHS England and CCG commissioners under the current legal framework (and will exclude dispensing and establishment fees). Any strengthening of collaborative arrangements for wider primary care services will not affect CCGs' applications for delegated arrangements this year.

With best wishes,



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National Director: Commissioning Strategy  
NHS England



**Dr Amanda Doyle**  
Chief Clinical Officer  
NHS Blackpool CCG