

**Manchester City Council
Report for Information**

Report to: Health Scrutiny Committee – 15 January 2015

Report: Health and Wellbeing update – Part 2

Report of: Nick Gomm – Head of Corporate Services – North, Central and South Manchester Clinical Commissioning Groups

Summary

This report provides Members of the Committee with an overview of developments in the local NHS.

Recommendations

The Health Scrutiny Committee is asked to note the contents of this report.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1. Introduction

1.1 This is a health update paper produced by North, Central and South Manchester Clinical Commissioning Groups (CCGs) for the Health and Wellbeing Overview and Scrutiny Committee. It provides a brief summary of issues or news items that may be of interest to the Committee.

1.2 If Committee members of the Committee have any specific questions about the contents of this paper, please email them to n.gomm@nhs.net.

2. Primary Care Co-Commissioning

2.1 Since the NHS reorganisation in April 2013, the commissioning of primary care services (GP practices, dentistry, pharmacy and optometry) has been carried out by NHS England. Clinical Commissioning Groups (CCGs) carry out the commissioning of hospital and community health services. NHS England has recognised that the separation in commissioning responsibilities is unhelpful for local health economies. As a result, they have asked CCGs to consider to what extent they would like to take on co-commissioning responsibilities with regard to primary care services. At present, this co-commissioning offer is with regard to General Practice only, but it is likely that discussions about the other primary care service areas will follow.

2.2 NHS England has asked CCGs to consider which of three co-commissioning options they would like to take on:

- 1) Greater involvement in primary care commissioning – this is an informal arrangement whereby CCGs are more involved in discussions about primary care but take on no formal decision making powers. In Manchester, we have been involved in this approach for some time.
- 2) Joint commissioning of primary care – this gives CCGs a formal role in the commissioning of primary care through the establishment of a joint committee with NHS England which would make decisions about a range of commissioning responsibilities.
- 3) Delegated commissioning of primary care – this option would formally delegate almost all of the commissioning and contracting responsibilities, and associated budget to CCGs.

2.3 In Manchester, the CCGs decided early on that it would be preferable if each CCG in the city chose the same option so that commissioning strategies were effectively co-ordinated and supported citywide programmes of work such as Living Longer, Living Better and the MacMillan Cancer Improvement Partnership. This will ensure that primary care is developed in an equitable and consistent way across the city so that patients receive the same standard of service no matter where they live in Manchester.

2.4 The CCGs then considered NHS England's options and reached the following conclusions:

Whilst Option 1 offers minimal disruption to our organisations, there would not be sufficient influence over the commissioning of primary care to deliver the ambitious plans for transformation of health and care services in Manchester described in Living Longer, Living Better.

Option 3 would provide the CCGs with much more control over the budget, and would enable full integration of primary care commissioning intentions within our plans for acute and community services. However, it is not clear at this stage exactly how much money would be transferred to Manchester under this scenario and it would be a financial risk to take on full responsibility without this clarity. However, it may well be that the CCGs do wish to take on the fully delegated approach at some stage in the future.

2.5 The 3 Manchester CCGs are therefore recommending Option 2 – Joint commissioning of primary care – for consideration by their membership. This is because this option provides the right balance in increasing our influence over the development of local services whilst not exposing the organisation to unacceptable risks in terms of capacity and financial uncertainty. With this approach, we aim to integrate our commissioning ambitions for primary care, community-based care and acute care to:

- Ensure that primary care is fully embedded within the development of new community-based service models.
- Improve the outcomes and experience of patients by commissioning to Manchester wide standards – standards which have been, and will continue to be, co-produced with patients, GPs and other clinicians. These will focus on improving quality and accessibility across primary care.
- Review and integrate locally commissioned services and national enhanced services where there is overlap between national schemes and local priorities. Proposed areas include minor surgery, extended hours and avoiding unplanned admissions.
- Share intelligence with NHS England about the experiences of patients, and GP practices, in Manchester in order to support development of a high quality, adequately resourced primary care system.

2.6 Within this joint commissioning model, there are certain functions which will remain the sole responsibility of NHS England. These include:

- Core GMS\PMS\APMS contract Payments
- Performers List Management
- Revalidation and appraisal
- Provision of statutory primary care returns
- Commissioning of Dental, Pharmacy and Optometry
- System management of primary care
- Sign off CCGs annual, financial and service commissioning plans for primary care

2.7 The CCGs are currently consulting with their membership on their proposed option. If agreed, a Primary Care Commissioning Joint Committee between the CCGs and NHS England will be formed to lead and monitor the new arrangements. Representatives from the Health and Well-being Board, Manchester City Council and Healthwatch will be invited to join the committee. Additional statutory guidance with

regard to Conflicts of Interest has been produced by NHS England and this will be reflected in the new leadership arrangements.

3. A & E pressures

3.1 Committee members will have read about the significant pressures being faced by Accident and Emergency departments in hospitals across Greater Manchester at present. This is as a result of a number of factors:

- Increase in numbers attending A & E departments
- Higher acuity of attendees (i.e those attending are more ill)
- Rising numbers of ambulance presentations
- Increased numbers of emergency admissions

3.2 Committee members are asked to consider if they would like a more detailed paper on this issue at a future meeting.

4. 100,000 Genomes project

NHS England has announced eleven centres across the country that will lead the way in delivering the 100,000 Genomes Project. The three-year project aims to transform diagnosis and treatment for patients with cancer and rare diseases.

The initiative involves collecting and decoding 100,000 human genomes – complete sets of people’s genes – that will enable scientists and doctors to understand more about specific conditions. This could improve the prediction and prevention of disease, enable new and more precise diagnostic tests, and allow personalisation of drugs and other treatments to specific genetic variants.

Some participating patients will benefit because a conclusive diagnosis can be reached for a rare and inherited disease more quickly, or because a treatment for cancer can be targeted at the particular genetic change that is present in the cancer. But for a number of patients, the benefit will be in the improvement in knowledge of the influence of genetics on disease and how it is expressed in an individual, how other people can be helped with similar diseases in the future, and how different types of tests can be developed to detect changes beyond the genome.

The first wave of ‘Genomic Medicine Centres’ has been announced and the Greater Manchester Centre is at Central Manchester Foundation Trust.

5. Recommendations

5.1 The Committee is asked to note this report.