

Questions for OCCG Governing Body meeting on 29 January 2015 from Oxfordshire Keep Our NHS Public

Q1

The publication of *Next steps towards primary care commissioning*, states that CCGs are 'hindered from taking an holistic and integrated approach to improving healthcare for their local populations, due to their lack of say over the commissioning of both primary care and some specialised services; and are unable to unlock the full potential of their statutory duty to help improve the quality of general practice for patients.' [Foreword: Next steps towards primary care commissioning, NHS England, November 2014]

a) Does OCCG agree with this assessment of their limited role in commissioning services for the local population?

b) Is it OCCG's intention to respond to the 'offer' from NHS England by submitting a proposal for the co-commissioning (joint or delegated) of primary medical care from April 2015?

c) If it is OCCG's intention to submit a proposal to commission both primary care and some specialised services, how exactly will these additional powers improve the quality of care of patients in Oxfordshire?

d) Patients and the public in Oxfordshire will be well aware that OCCG has a pragmatic approach to conflict of interest issues. A delegated co-commissioning approach 'could significantly increase the frequency and range of potential conflicts of interest, especially for delegated arrangements'.

If OCCG choses the delegated model, GPs, as both providers and commissioners, could make decisions that could be personally professionally and financially advantageous.

How then will OCCG reassure the public that a more robust, transparent and principled approach to conflict of interest issues will be in place to remove the risk of perceived self-interest (financial or otherwise), and secure the integrity of OCCG's decision making processes?

e) Given the significant difference co-commissioning will make to the commissioning of healthcare services in Oxfordshire, how will OCCG improve their current practice and involve patients and the public in Oxfordshire in the crucial decisions that will need to be made?

[OCCG Governing Body answer](#)

Oxfordshire Clinical Commissioning Group (OCCG) will be considering its response to Next Steps Towards Primary Care Commissioning at the January Governing Body meeting.

Follow-up question

Resubmit Q1 above

At its January meeting, OCCG's Governing Body approved the recommendation to take a joint commissioning approach to co-commissioning for 2015/16 with a plan to review these arrangements as part of our planning process for 2016/17.

OCCG Clinical Chair and Chief Executive were of the view that whilst they recognised concerns regarding the capacity of the CCG to take on this work, that on balance undertaking joint commissioning will be the only way to protect the sustainability of primary care. The CCG is the only organisation which has the resource to significantly increase investment in primary care. It also has the relationships with practices to ensure that their development needs are effectively identified and supported. No advantage was identified to taking on fully delegated commissioning of primary care, given the potential risks to the organisation and the increase in workload without any increase in running costs.

Greater involvement in commissioning general medical services inevitably raises concerns regarding potential conflicts of interest as the CCG is a GP led organisation. NHS England

	<p>has issued new guidance to CCGs to support them in managing such conflicts of interest and its recommendations have been taken into account in the proposed changes to the CCG's governance arrangements. The revised constitution is compliant with the new guidance and we will be updating our more detailed policy.</p>
<p>Q2</p>	<p>The Governing Body will be aware that patients and the public in the local population are concerned about the loss and reduction of healthcare services commissioned by OCCG.</p> <ol style="list-style-type: none"> a) Which healthcare services does OCCG no longer commission since becoming a statutory body? b) What evidence-based justifications have been made to support the decision to stop commissioning these services? c) Where are these justifications documented? d) Who now provides these services? e) What monitoring and evaluation criteria are in place to determine whether patients and the public in Oxfordshire are receiving quality of care from these service providers? f) Will OCCG agree to maintain and publish, on a regular basis, all decisions, and the evidence-based justifications for these decisions, affecting the loss or reduction of healthcare services in Oxfordshire, in a designated publicly-available register? <p><u>OCCG Governing Body answer</u> <i>Any services OCCG has determined as low priority are covered by the Lavender Statements which can be viewed on our website via the following link:</i> http://www.oxfordshireccg.nhs.uk/professional-resources/priority-setting/lavender-statements/</p> <p><u>Follow-up question</u> It is our understanding that Lavender Statements apply mainly to pharmaceuticals and treatments, such as a policy decision on funding 'Routine follow up after hip or knee replacement surgery' (Oct 2014), which determines that beyond one routine follow up, further long term routine ongoing follow up should be low priority. [See link above] Our questions refer to policy decisions to commission or withdraw wider healthcare services that lie outside Lavender Statements.</p> <ol style="list-style-type: none"> a) Will OCCG re-consider its answer to Q2, in light of that distinction? <p>Any possible changes to services are highlighted in our Operational Plan. If we were proposing to cease or significantly change a service this would be subject to public engagement and consultation and then any decisions would be made by the Governing Body, for example the changes to eligibility criteria for the Patient Transport Service.</p>
<p>Q3</p>	<p>In a question to a previous GB meeting we asked about OCCG's revised approach to OBC that included a 'most capable provider' detailed assessment, using rigorous measures to determine the capabilities of the MCP providers. We noted that Paper 14.40 provided only a broad outline of what the MCP evaluation would contain. http://www.oxfordshireccg.nhs.uk/get-involved/board-meetings/may-2014/ We also noted that an OBC contract has been agreed with Oxford Health and partners.</p> <p><u>OCCG Governing Body answer</u> We are happy to make the assessment criteria available but this can only be done when we have reached contract award.</p> <p><u>Follow-up questions</u></p> <ol style="list-style-type: none"> a) Has a contract now been agreed between Oxford University Hospitals Trust and

	<p>OCCG, as a result of a positive outcome from the most capable provider assessment?</p> <p>b) And if not, what is the reason for the delay?</p> <p>c) If it has, when will OCCG make the detailed assessment criteria, as opposed to the broad criteria, available to the public?</p> <p>The mental health OBC contract is still being negotiated with Oxford Health on behalf of the Oxford Mental Health Partnership.</p> <p>We are still in the process of finalising the most capable provider assessment for the Older People's OBC. This is a large and complex service area and we are having continued dialogue with the potential providers about the service scope and financial envelope. Once we have concluded this process we would move to contract negotiation.</p>
Q4	<p>In response to a question on when OCCG would publish a complete and detailed list of all the contracts it has entered into on behalf of patients and the public in Oxfordshire, OCCG gave the following answer:</p> <p>OCCG will publish a list of the contracts it has entered into with contractors. OCCG does not have a contractual relationship with sub-contractors and as such this information will not be published. This will be completed by the end of November 2014.</p> <p><u>Follow-up questions</u></p> <p>a) We are surprised that OCCG, although not having a direct contractual relationship with sub-contractors, is not prepared to name them. Patients and the public in Oxfordshire have an interest in knowing which companies are responsible for providing services that affect them. Will OCCG re-consider its decision not to include sub-contractors?</p> <p>b) Where can we find this published list?</p> <p>The CCG's position remains unchanged, a list of sub-contractors would need to be secured from the providers directly.</p> <p>The list of contracts for clinical services held by OCCG can be found here: http://www.oxfordshireccg.nhs.uk/about-us/who-we-work-with/procurement-and-tendering/occg-clinical-contracts/</p>