Submitted to: icpdirections@dh.gsi.gov.uk

NHS Clinical Commissioners
The independent collective voice of clinical commissioners

NHS Clinical Commissioners response to the consultation on directions for Integrated Care Providers (ICPs)

Friday 14 December 2018

I. NHS Clinical Commissioners

NHS Clinical Commissioners (NHSCC) is the membership body of Clinical Commissioning Groups (CCGs). Established in 2012, we have over 91% of CCGs in membership. We offer a strong national voice for our members on specific policy issues and support them to be the best they can to commission services effectively for their local populations.

NHSCC recently responded to the consultation on contracting arrangements for ICPs; you can read our response here. To inform that response we sought the views of our membership and conducted interviews with members of our Board, comprised of CCG leaders across geographical constituencies, including lay members, Chief Finance Officers, Chairs (clinical and non-clinical) and Accountable Officers. A number of our members raised concerns about the incorporation of primary care into ICP contracts, which we have incorporated into this submission and supplemented with additional feedback on the draft ICP directions.

II. Overarching comments

Our members are supportive of the underpinning principle behind the ICP contract to integrate care around the needs of a person, which offers the opportunity to deliver a better patient experience and improved outcomes. Within this, a key potential benefit of the ICP contract is that it provides an opportunity to commission primary care alongside wider NHS services. However, this potential benefit will only be realised if proposals are sufficiently worked through; below we highlight some key comments from our membership to be addressed.

a) Engagement and consultation with the clinical commissioning community is required to ensure that the draft directions are fit for purpose

The consultation is "*aimed at GPs and others involved in the provision of primary medical services*", with many of our members not responding because of this. Some CCG colleagues also may have not felt able to respond because the rationale behind the consultation document and draft directions was not easy to understand and caused confusion, even among those who are closely involved in commissioning primary care. Given this, NHSCC would welcome the opportunity to facilitate discussions with commissioners, so that they are able to feed in their expertise and knowledge to this policy area. There is a particular opportunity to ensure that learning from those involved in multispecialty community provider (MCP) vanguards is shared, given crossover in the MCP contract and ICP contract. Feeding in the commissioner perspective, in addition to a provider one, is vital to

ensure this successful design and implementation of the draft directions and ICP contract more broadly.

b) Clinical commissioners require clarification over how primary care can be commissioned through the ICP contract

Just as it is important to engage with clinical commissioners to feed in their knowledge and experience to this area of national policy, it is also vital to ensure clear communication and engagement with commissioners to build their knowledge and understanding of the directions and their proposed application. Our members have raised a number of questions where further clarification is required. Key issues include double delegation and accountability, with members questioning whether commissioning primary care through an ICP contract would count as double delegation, and how this is possible. Our members also posed the question as to whether NHS England or the CCG is responsible for holding ICPs to account. Members that we spoke to were also unclear about how the draft directions fit alongside the ICP contract, when they would apply, and why directions were being introduced.

Crucially, the scope of the draft directions will be dependent on the results of the recent ICP consultation hosted by NHS England. Our members feel that the results of this consultation need to be shared first to help develop an understanding of the 'bigger picture' before looking at the detailed level of the draft ICP directions.

c) There must be a recognition that the ICP contract and accompanying draft directions will not work for all local areas

While our members are supportive of the direction of travel of the ICP contract and the aspiration to include the option to commission primary care alongside wider NHS health services, most do not currently have plans to use the contract in the near future – either due to current system maturity, nuances of local systems, or in some cases due to feeling it is unnecessary to facilitate integration. Several of our members report that they would like to see a number of nationally approved formal integration mechanisms, in addition to the ICP contract. For those areas where an ICP contract is not suitable, having national guidance and approved alternative options could support such areas and make efficient use of resources, rather than each local area independently having to request extensive legal advice.

Due to the diversity of views, and the varied needs and maturity of local systems, it is therefore important that that use of the ICP directions, and more broadly the use of the ICP contract, is optional. Sufficient flexibility must be afforded to enable commissioners to determine how best to meet the needs of their local populations.

d) Wider action is required to address the challenges facing primary care – and national policy activity in this area must be aligned

Our members feel strongly that primary care, including but not limited to general practice, should play a key role in local systems, however they note a number of challenges to the inclusion of GP services in particular becoming part of an ICP. There are strong pressures currently in the system, including around workforce, workload and the partnership model, which first need to be addressed

to put primary care on a stronger footing. In many areas, the delivery of primary care at scale has not yet developed – a lot of work needs to be done to first set the ground. Inclusion of primary care in an ICP contact is therefore not an immediate option for most areas.

Neither fully or partially integrated models are felt to fully address the incentives that would be required for GPs to participate in ICPs. This is just one detail that will need to be worked through with primary care colleagues. Others include the need to address concerns that primary care could be destabilised, and discussion of the risk and reward share of participating primary care organisations.

Furthermore, we note that there are a number of parallel activities being undertaken in the area of primary care, and general practice in particular. It is important that these align to produce a common vision. NHSCC submitted evidence to the Independent GP Partnership Review, the General Practice Premises Policy Review, and the consultation on contracting arrangements for ICPs. The advent of Primary Care Networks is also a key issue. The ICP contract must be compatible with any future Primary Care Network contract. The publication of the long-term plan is expected to also provide crucial policy direction – primary care will need to play an integral role and at the national level, and the direction of travel needs to be clear.

III. For more information

If you would like any further detail on our response please do not hesitate to contact our Head of Policy and Delivery, Sara Bainbridge at s.bainbridge@nhscc.org, or Senior Policy Officer, Emily Jones at e.jones@nhscc.org.