

Subject:	Norfolk and Waveney Contracting Update
Produced by:	Parveen Mercer – Associate Director of Primary Care (STP) Header produced by Sarah Haverson – Commissioning Support Officer (WNCCG)
Presented by:	Parveen Mercer – Associate Director of Primary Care (STP)
Submitted to:	NHS West Norfolk CCG Primary care Commissioning Committee, 24 th November 2017
Purpose of Paper:	For Information
<p>This paper is to update members on the first 2 months of the newly created post of Assistant Director – Contracts & Performance (Primary Care) on behalf of the 5 CCGs across the Norfolk and Waveney STP footprint.</p>	
KEY RISKS (in relation to CCG strategic objectives and statutory duties)	
Clinical & Quality:	Position aims to improve services and outcomes for patients
Finance and Performance:	Post aims to ensure contracts are procured at best quality and price. WNCCG contributes a share of the costs associated with funding this post.
Reputation:	Whole systems approach for Primary Care across the STP footprint
Legal:	none identified
Patient focus:	Fair and consistent services access across the STP footprint for Primary Care Services.
Information Governance:	none identified
Conflicts of Interest:	none identified
Equality Impact Assessment:	n/a
Reference to relevant risk on the Governing Body Assurance Framework:	n/a
RECOMMENDATION: Members are invited to note the contents of this paper.	

1. Background / History

The post of Assistant Director of Contracts and Performance – Primary Care, is a newly created post funded by all 5 CCGs across Norfolk and Waveney and hosted by Great Yarmouth and Waveney CCG.

This post was created to specially work on an STP level to bring about the alignment of the 5 CCGs in terms of:

- Full delegation
- Contracts and Performance
- GP Forward View
- STP Plan in relation to prevention and wellbeing
- Primary Care improvements and commissioning

2. Activities to date:

Parveen Mercer came into post on the 4 September 2017, and has found it a challenge understanding the sheer geography of Norfolk and Waveney and logistics this creates in terms of access and service delivery for patients, particularly rural vs urban areas.

She has met with colleagues across the 5 CCGs to understand their areas and key issues.

Equally she has met with Practices, in the first instance Great Yarmouth and Waveney ones, but aiming to get to all across the CCGs to understand their views on moving forward and how we can work more effectively.

Work has commenced on pulling together the intelligence on what contracts, types and cost we are commissioning across the 5 CCGs. Early evidence is showing that there is significant variations on the:

- Types of services available to patients across the STP footprint and down to localities.
- Cost of service provision
- Validation of service activity and quality
- Whether we hold actual physical hard copy contracts
- Where we are paying for services and there is and was no contract in place at the point of novation in April 2013 when CCGs went live from shadow formation.

This work will continue with the aim of having one central database holding all contracts across the 5CCGs.

The relationship we have with the CQC who regulate primary care practices is also important moving forward and Parveen has had an initial meeting with them to discuss how we work more collaboratively together. This has been beneficial in her work to support practice in special measures by the CQC to help draw up action plans for improvement.

She has been working with CCGs to look at potential practice mergers and takeover where a merger has not been possible. This takes up a lot of resources time in terms of carrying out due diligence and financial reconciliation to final contract formation and award.

3. Planned Activities over the next 6 months

- Develop a strategic work plan to cover contracting and commissioning
- Oversee and advice on full delegation
- Overarching GPFV plan across the CCGs with golden thread back to the STP Plan.
- Review of LESs
- Review of all contracts
- Develop single formal monitoring and reporting arrangements for contractual activity
- Develop a lessons learned log from CQC inspection
- Establish baseline benchmarking costs

4. Conclusion

Colleagues across the CCGs are doing excellent work around contracting and commissioning in Primary Care, equally as mentioned above there are areas for improvement. The aim over the coming year is to build on the best practice and duplicate this across the Norfolk and Waveney footprint.

5. Recommendation

The committee is invited to note the report.