

Julie Wilson

Health House,
Grange Park Lane,
Willerby,
Hull,
HU10 6DT

2nd October 2017

Dear Julie,

Re: Fully Delegated Commissioning

Thank you for meeting with us on the 25th September regarding the opportunity of the CCG moving to fully delegated primary care commissioning.

I thought it would be useful to clarify one or two points in writing so you are absolutely clear on responsibility.

1. The Primary Care and Finance Teams will continue to offer the full support to the CCG as we do now in relation to primary care. Provided the CCG can arrange for the finance team to access your ledgers, as is the case with other local CCG's, they will continue to post to the ledger including accruals and year-end adjustments. My team will produce the report for the committee for you to present. The only real difference on the ground is that the decisions will be for the CCG to make, the NHS role is advisory and to ensure that you only make decisions that the regulations allow you to make. In terms of the Nursing and Quality Directorate, we already work closely with the team and they have attended practice visits in the past so I would not foresee this having an additional impact on their workload.
2. We can confirm that in relation to the financial aspects the allocations are already known and can be shared with you. We confirmed that any backdated claims, rent for example, would be covered by NHS England for periods prior to you taking on delegated functions, rent rises following that date would have

to be met from within the CCG allocation. We spoke about legal fees for on-going issues and I confirmed that NHS England had already agreements in place to cover reasonable fees in respect of a recent significant contractual issue. If legal advice was required post delegation, whilst any external advice would require CCG funding, you would still have access to our national legal team, via NHS England in the first instance.

3. In relation to existing PMS and GMS contracts I have been asked many times over the last few years by practices if it affects their existing GMS and PMS contracts and I think it is worth stating that moving to delegated commissioning does not alter existing contracting arrangements or give the CCG any additional powers to terminate or alter contracts. One of the most common questions I am asked is, can the CCG do away with QOF or refuse to offer national enhanced services? The answer is no. More recently questions have arisen around accountable care organisations and Multi-Specialty Community providers and if GPs can be made to give up their PMS / GMS contracts and again the answer is no.

I hope this response provides sufficient assurance for the CCG to make a decision on the future commissioning arrangements for Primary Care, if you have any further questions or would require additional clarity then please do not hesitate to contact me.

Yours Sincerely,



Geoff Day
Head of Co-Commissioning
NHS England North (Yorkshire and the Humber)