

PRIMARY CARE CO-COMMISSIONING COMMITTEE (PCCC)

Date of Meeting	6 th May 2015	Agenda Item No.	7.
Title of Report	Clinical Commissioning Involvement Scheme		
PCCC Responsible Officer	Mr Roger Parr	Lead Clinician	
		Lead Manager	Mrs Julie Kenyon
Summary/Purpose of Report	Wider membership CCG meetings have historically been covered by the Protected Learning Time agreement; other meetings requiring Member input have been attended in the Member's own time. To effectively deliver clinical commissioning it is recognised that there will be certain requirements from General Practice which are over and above the usual remit of roles, and outside of the expectations associated with membership of the CCG. The scheme acknowledges this additional commitment and goes some way to reimbursing practices for their involvement.		
PCCC Action	<ul style="list-style-type: none"> i. To note the content of this report. ii. Agree the proposal to move away from current procedures surrounding the cover provided for Senate. iii. Approve the Clinical Commissioning Involvement Scheme. 		
Please indicate the Committee(s)/Group(s) where the paper has been discussed/developed			
Clinical Management Executive Team CCG Governing Body Commissioning Business Group			
Please note the following section must be completed in full			
Patient and Public Engagement Completed	Not applicable		
Equality Analysis Completed	Not applicable		
Financial Implication(s)	£3750 per practice, per year based on full compliance from practices.		
Risk(s) Identified	Practice non-compliance could have a detrimental effect on clinical contribution to the quality and efficiency agenda.		
CCG Strategic Objectives supported by this paper			
1.	To extend the life of our citizens and their quality of life adding life to years as well as years to life.	Y	
2.	To ensure there will be no gaps, no duplication – with integrated services and partnership working; including better relationships with voluntary, community and faith sector organisations.	Y	
3.	To engage and encourage patients and the public to participate in everything we do and the importance of self-care and family wellbeing.	Y	
4.	To improve services and tackle inequality, evidence best practice to inform decisions and root out poor practice.	Y	
5.	To offer effective service interventions which will provide a better experience for patients with privacy and dignity.	Y	
CCG High Impact Changes supported by this paper			
1.	Delivering high quality Primary Care at scale and improving access.	Y	
2.	Self-Care and Early Intervention.	Y	
3.	Enhanced and Integrated Primary Care and Better Care Fund.	Y	
4.	Access to Re-ablement and Intermediate Care.	Y	
5.	Improved hospital discharge and reduced length of stay.	Y	
6.	Community based ambulatory care for specific conditions.	Y	
7.	Access to high quality Urgent and Emergency Care.	Y	
8.	Scheduled Care.	Y	
9.	Quality.	Y	

CLINICAL COMMISSIONING GROUP (CCG)
PRIMARY CARE CO-COMMISSIONING COMMITTEE (PCCC)

6TH MAY 2015

CLINICAL COMMISSIONING INVOLVEMENT SCHEME

Introduction

The introduction of a Clinical Commissioning Involvement Scheme will be fundamental in facilitating clinically-led commissioning and increasing clinical contribution to the quality and efficiency agenda, thus leading to improved care for patients and the public. The success of clinical commissioning in Blackburn with Darwen depends upon the engagement, participation and ownership of the clinical commissioning agenda by all Blackburn with Darwen GP practices.

Scheme Objectives

To enable member practices to:

- actively participate and engage in discussions relating to clinical commissioning
- engage with and align their work with the strategic priorities of the CCG.
- contribute towards the delivery of better care, quality and value.

Measuring Success

The success of the scheme will be measured through a range of qualitative methods as follows:

- CCG Surveys
- effective locality working
- improved engagement between the CCG and member practices

The Scheme

To effectively deliver clinical commissioning it is recognised that there will be certain requirements from General Practice which are over and above the usual remit of roles, and outside of the expectations associated with membership of the CCG. The scheme acknowledges this additional commitment and goes some way to reimbursing practices for their involvement. Payment is further detailed in the following table. Payments will be made to practices based on their participation in each component. The components of the scheme are further described within this paper.

	Clinical Senate	Locality Meetings	Practice Manager Forum	Surveys and Additional Meetings
	Section 1	Section 2	Section 3	Section 4
GP	✓	✓	✓	
Practice Manager		✓	✓	✓
Finance	<p>A payment of £3750 will be made annually to each practice achieving all of the above components, as further described in this document. Practices not achieving all components will incur a percentage reduction appropriate to the number of components completed.</p> <p>Practices should ensure that any payments arising from the scheme are used to maintain or improve patient services.</p>			

1. Clinical Senate

Each practice is required to have a named GP representative who will attend each Clinical Senate. They will be expected to contribute to discussions and vote on schemes or initiatives when requested, on behalf of their practice. The Senate representative should be able to evidence that they have fed back to their practice following the meeting.

Evidence: Signed attendance sheet from Clinical Senate. To receive payment, delegate signatures *must* be present. Signature sheets will be collected and verified by the CCG.

Payment: Payment is based on 100% participation from the practice; the same representative should attend the meetings wherever possible. Practices will be expected to release one GP to attend Clinical Senate unless there are extenuating circumstances and an agreement has been made with the CCG.

NB: Full membership meetings will take place once per year and replace scheduled Senate meetings. These meetings will be covered by the Protected Learning Time agreement and therefore will not count towards the Clinical Commissioning Involvement Scheme.

2. Locality Meetings

2.1) GP Attendance at Locality Meetings

Each practice is required to have a named GP representative in attendance at each locality meeting. The Locality representative will be expected to contribute to the leadership and development of the Integrated Locality Teams, expressing opinions on behalf of their practice. The Locality representative will encourage participation from their respective practices to ensure joint working across localities. The Locality representative should be able to evidence that they have fed back to their practice following the meeting.

Evidence: Signed attendance sheet from Locality Meetings. To receive payment, delegate signatures *must* be present. Signature sheets will be collected and verified by the CCG.

Payment: Payment is based on 100% participation from the practice; the same representative should attend the meetings wherever possible. Practices will be expected to release one GP to attend these meetings unless there are extenuating circumstances and an agreement has been made with the CCG.

2.2) Practice Manager Attendance at Locality Meetings

Each practice is required to have a named Practice Manager in attendance at each locality meeting. The Practice Manager representative will be expected to contribute to the leadership and development of the Integrated Locality Teams, expressing opinions on behalf of their practice. The Practice Manager representative will encourage participation from their respective practices to ensure joint working across localities.

Evidence: Signed attendance sheet from Locality Meetings. To receive payment, delegate signatures *must* be present. Signature sheets will be collected and verified by the CCG.

Payment: Payment is based on a minimum 75% attendance rate over all Locality Meetings annually (allowing for annual leave and absence).

3. Practice Manager Forum

Practices are expected to release Practice Managers to attend the Practice Manager Forum. Programmes for Practice Manager Forums will be formed through collaborative working with the CCG and professional development will be evident.

The Practice Manager Forum has been established to encourage engagement between the CCG and member practices and to support Practice Managers in all aspects of their role.

The Practice Manager Forum aims to:

- Provide an opportunity to network and share best practice
- Provide updates on national and local strategies and priorities
- Provide support for Practice Managers in their roles

Evidence: Signed attendance sheet from Practice Managers' Forum. To receive payment, delegate signatures *must* be present. Signature sheets will be collected and verified by the CCG.

Payment: Payment is based on a minimum 75% attendance rate over all Practice Manager Forums annually (allowing for annual leave and absence).

4. Surveys and Additional Meetings

Practices are expected to participate in surveys and, within reason, additional ad-hoc meetings as outlined below:

- Participation in a minimum of four CCG Survey Monkey surveys annually
- Participation in ad-hoc surveys throughout the year including 360° Stakeholder Surveys
- Participation in ad-hoc meetings scheduled by the CCG as appropriate. Examples of this type of meeting include the QOF development and locality service change events.

Evidence: Evidence will be sought from signing in sheets and survey completion rates.

Payment: Communication from the CCG regarding surveys or additional meetings will clearly define whether the survey or meeting is included in the Clinical Commissioning Involvement Scheme.

Clinical Commissioning Involvement Scheme 2015/2016 Sign- up Sheet

Practice Name and Address	
Role	Name
Locality GP Representative	
Locality Practice Manager Representative	
Senate Representative	
Practice Confirmation	
<p>I confirm that the practice agrees to participate in the Clinical Commissioning Involvement Scheme and will comply with CCG requests for evidence as outlined in the scheme.</p> <p>Signed (Practice Partner): _____</p> <p>Name printed: _____ Date: _____</p> <p>Please note that only original signatures will be accepted. Photocopies, emails or faxes cannot be accepted.</p>	

CCG Agreement to the Clinical Commissioning Involvement Scheme (CCG office use only)

Approved with effect from:

Signed:

Name:

Date:

Please return this written agreement by XXXX to Hannah Sellers, Blackburn with Darwen CCG, Fusion House, Haslingden Road, Blackburn BB1 2FD

Blackburn with Darwen Clinical Commissioning Group (CCG)

Senate Representative Role Description

The role of the Senate Representative is to:

- Be released from practice to participate in four Clinical Senates per annum
(Once per year the CCG will host a Full Membership Meeting which will replace a Clinical Senate. Attendance at this meeting will be extended to all GPs and Practice Managers.)
- Review Clinical Senate agendas and previous meeting minutes prior to the Clinical Senate; discussing with Partners to ensure that they are fully briefed.
- Vote on behalf of their practice in matters relating to the CCG
- Participate in discussions at Clinical Senate on behalf of their practice and be involved in any further discussions arising from matters relating to the Clinical Senate
- Ensure that colleagues within their practice are briefed on the content and discussions of the Clinical Senate subsequent to the event
- Declare any conflicts of interest on a quarterly basis
 - The Senate representative is required to declare any interests on a quarterly basis at the request of the CCG. The CCG will provide a template which the Senate representative will be expected to complete.

Blackburn with Darwen CCG Locality Representative Role

The role of the Locality Representative is to:

- Represent their practice at Locality Meetings.
- Review Locality Meeting agendas and previous meeting minutes prior to the meeting; discussing with Partners to ensure that they are fully briefed.
- Ensure that colleagues within their practice are briefed on Locality Meeting discussions subsequent to the event
- Support the locality in its vision, strategies and clear objectives to deliver Locality requirements
- Contribution to locality discussions and take part in the decision making process
- Build strong relationships across the locality