

**Memorandum of Understanding  
for the West Midlands Primary  
Care Hub  
(Wolverhampton CCG)**

# Memorandum of Understanding (MOU) for the West Midlands Primary Care Hub

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## 1. Introduction

There are 14 Clinical Commissioning Groups (CCGs) in NHS England West Midlands. The following table identifies the current co-commissioning level as at October 2015

CCG	Current Status
South Warwickshire	Fully delegated
Herefordshire	Joint delegation
Redditch & Bromsgrove	Joint delegation
Wyre Forest	Joint delegation
South Worcestershire	Fully delegated
Coventry & Rugby	Greater Collaboration
Warwickshire North	Joint delegation
Birmingham Cross City	Fully delegated
Birmingham South Central	Fully delegated
Sandwell and West Birmingham	Fully delegated
Dudley	Fully delegated
Walsall	Joint Commissioning
Solihull	Joint Commissioning
Wolverhampton	Greater collaboration until October 1 2015

In September 2015 the 7 CCGs in Arden, Herefordshire and Worcestershire and 3 CCGs from Birmingham Solihull and the Black Country locality (Wolverhampton, Solihull and Walsall) attended an initial meeting and agreed to the principle that the existing NHS England primary care contracting and primary care finance teams could support CCGs in the commissioning of Primary Medical Services through a Primary Care Hub arrangement for the remainder of 2015/16 and for 2016/17. The actions agreed following this meeting were to develop the governance via an MOU and a list of the functions, known as the **handbook** for further consideration.

The potential for this Hub has been raised with all CCGs in the West Midlands area and information shared where requested. This document will be sent to all CCGs for consideration.

NHS England West Midlands will continue to commission community pharmacy, dental and optometric services during 2015/16 and 2016/17

The establishment of the Hub was agreed to ensure that both CCGs and NHS England West Midlands retain access to the established contracting and finance expertise in order to effectively discharge their respective functions.

NHS England will establish the Hub to include community pharmacy, dental and optometric services in order to support the integration of functions across the primary care team.

The purpose of this memorandum of understanding is to set out the proposed principles and detailed working arrangements between the Primary Care Hub and CCG commissioners for the agreed term (up until March 2017).

## **2. Principles**

The following principles are proposed to support effective fully delegated and joint commissioning of Primary Medical Services:

- The Primary Care Hub will work to the direction of each CCG or to direction jointly agreed by multiple CCGs where appropriate, in line with regulations and directions.
- The Primary Care Hub will support CCGs as necessary in the CCG Assurance process of Primary Care. The Hub will not be part of the NHS England assurance process for CCGs.
- Working arrangements have been, and will continue to be, co-designed between the Primary Care Hub, CCG commissioners & NHS England Commissioners (for the non-delegated functions).
- Arrangements will aim to make the best use of NHS resources to enhance primary care commissioning to improve quality, outcomes and value.
- Arrangements will be practical, reduce duplication and minimise additional workload.
- The aim is to not destabilise the commissioning resources required for CCGs or NHS England to discharge their respective functions effectively.
- The Primary Care Hub and CCGs will conduct business in an open and transparent way.
- Work is underway to deliver the agreed MOU and Handbook and commence implementation of the Hub for 1 December 2015.

## **3. Ways of working**

### **3.1 Developing ways of working**

A virtual group has been established comprising of the Deputy Head of Primary Care and a co-commissioning lead from representative CCGs. This group has overseen the development of principles to be included in this MOU and in the Handbook. This group is not exclusive and other CCGs are welcome to join. The group will continue to support the ways of working between CCGs and the Primary Care Hub in advance of 1/12/15. It will continue to oversee further developments during 2015/16. A Network/liaison group will be established with

representation from each of the participating CCGs and NHS England to coordinate further work in the development of the Hub and to provide a forum for discussion.

NHS England and the CCGs recognise that the development of the Hub does require some cultural change in the working relationships between NHS England and the CCGs. During November NHS England is committed to providing time for staff within the Hub to review the changes they need to make to their systems and processes. This will take the form of an externally facilitated workshop. At the end of November, NHS England proposes running a similar event with representatives from CCGs in order to discuss and agree the joint cultural changes needed in order to deliver a successful Hub function.

### 3.2 Detailed working arrangements for 2015/16

The following areas have been considered to define working arrangements

- Governance – decision making
- Governance – reporting and information sharing
- Quality and performance assurance and improvement
- Incident management and reporting
- Complaints management and reporting
- Financial management / reporting
- GP premises development
- Crisis management

The detailed working arrangements have been captured in a standard template and these are included in the **Primary Care Hub Handbook** which supplements this MOU.

These working arrangements will be kept under review during 2015/16 and refined as necessary with updates reflected in further iterations of the handbook.

### 3.3 Detailed working arrangements – Key Contacts

Key interfaces between the Primary Care Hub team and teams within CCGs are included in the **Primary Care Hub Handbook**.

Donna MacArthur (Head of Primary Care) and Charmaine Hawker (Assistant Head of Finance for Primary Care), supported by Martina Ellery (Deputy Head of Primary Care) are the key contacts for the development of the MOU.

The team are supported by David Williams, Lead Director for Primary Care in NHS England (West Midlands).

### 3.4 CCG commissioning priorities

Much of the work of the Primary Care Hub is to deliver core contracting and finance activities e.g. implementing changes to the national General Medical Services (GMS) contract. Each CCG will however have local priorities that require Primary Care Hub support to deliver.

A named Primary Care Hub Contracting and a named Primary Care Finance lead will work with each CCG co-commissioning lead to identify these priorities and agree how they can be supported by the Primary Care Hub. The Primary Care Hub will do everything it can to flexibly support CCGs to deliver their responsibilities under co-commissioning.

## 4. Ways of working

### 4.1 Functions of the HUB

The Hub will support the delivery of functions specified in Clause 6 of the Delegation Agreement for those CCGs who have opted for full delegation as well as a number of other functions pertinent to the management of Primary Medical Care Contracts in line with the grid below. It is proposed that the Hub will, however, support all CCGs signed up to the MOU in a consistent manner irrespective of their level of co-commissioning.

The majority of the processes listed below are considered 'Core' and will be carried out in line with the relevant Regulations and NHS England policies. A set of Standard Operating procedures aligned to the policies will underpin the day to day work of the Hub and these are defined in the **Handbook**. There is scope for individual CCGs to refine the offer by determining the level of support they wish to receive from the Hub on a small range of activities identified. This will be clearly identified in an agreed functions/list specification for each CCG at the commencement of the Hub service

The Hub does now need to continue discussion with CCGs to agree the list of functions that are CORE and those that can be individually determined (TBC). This differentiation of functions could possibly be further refined by the Hub preparing some elements for the CCG to present to Practices (SUPPORT). The terms CORE, TBC and SUPPORT are used in the table overleaf to highlight the different areas.

The following table outlines the functions and activities that need to be undertaken:

#### Support for Delegated Functions

In line with clause 6 of the Delegation Agreement, CCGs maintain the responsibility for:

- I. Decisions in relation to Enhanced Services;
- II. Decisions in relation to Local Incentives Schemes, including the design of such schemes;
- III. Decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
- IV. Decisions about commissioning urgent care for out of area registered patients;
- V. The approval of practice mergers;

- VI. Planning primary medical care services in the Area, including carrying out needs assessments;
- VII. Reviewing primary medical services in the Area;
- VIII. Decisions relating to the management of poorly performing GP practices;
- IX. Managing the funds delegated to the CCG for the purpose of meeting expenditure in respect of the Delegated Functions;
- X. Premises Costs Directions Functions;
- XI. Co-ordinating a common approach to primary care commissioning with other commissioners in the Area; and
- XII. Any other activities necessary to support the above functions

**Key:** **CORE**, key function of the Hub. **TBC** for individual determination between CCG and Hub. **SUPPORT**, Hub provides to the CCG and ☒ for CCG function.

Activity	CCG	NHSE
<b>I. Decisions in relation to Enhanced Services;</b>		
- Share national specifications and templates for Directed Enhanced Services (DESS) when released in order to facilitate annual sign up process.		CORE
- Produce letters to all practices inviting them to participate in DESS		CORE
- Distribute, log and receive responses from practices.		CORE
- Agree related arrangements e.g. plans for Extended Hours Access.	<input checked="" type="checkbox"/>	
- Monitor performance against DESS by individual practice in line with agreed schedule		CORE
- Manage and respond to queries from practices relating to DESS		CORE
- Produce draft report on performance against DESS by individual practice in line with agreed reporting periods		CORE
<b>II. Decisions in relation to Local Incentives Schemes, including the design of such schemes.</b>		
- Develop proposals for Local Incentives Schemes.	<input checked="" type="checkbox"/>	
- Gain LMC support for proposed Local Incentives Schemes.	<input checked="" type="checkbox"/>	
- Gain Member Practice support for proposed Local Incentives Schemes.	<input checked="" type="checkbox"/>	
- Gain NHSE support for proposed Local Incentives Schemes.	<input checked="" type="checkbox"/>	SUPPORT

- Gain Primary Care Committee approval for proposed Local Incentives Schemes.	<input checked="" type="checkbox"/>	
<b>III. Decisions in relation to the establishment of new GP practices (including branch surgeries) and the closure of GP practices.</b>		
- With due regard to NHSE policies and procedures for primary medical services, prepare paperwork to support CCG decision-making process.		CORE
- Sign off the paper(s) for Primary Care Committee with respect to the establishment of new GP practices and the closure of GP practices.	<input checked="" type="checkbox"/>	
- Supporting the closure of practices including the management of list dispersals		CORE
<b>IV. Decisions about commissioning urgent care for Out of area registered patients.</b>		
- Agree contract for services		CORE
- Monitor contract		CORE
- Respond to any queries relating to the OOA scheme		CORE
<b>V. The approval of practice mergers.</b>		
- With due regard to NHSE policies and procedures for primary medical services, prepare paperwork to support CCG decision-making process.		CORE
- Sign off the paper(s) for Primary Care Committee with respect to practice mergers.	<input checked="" type="checkbox"/>	
<b>VI. Planning primary medical care services, including carrying out needs assessments.</b>		
<b>VII. Reviewing primary medical services in the Area.</b>		
- Work with the Local Authority (in context of the JSNA and future population growth) to assess and plan future requirements from primary medical services.	<input checked="" type="checkbox"/>	
- Share relevant intelligence as requested by the CCG.		CORE

- Produce paper(s) for Primary Care Committee with respect to the establishment of new primary medical services identified as necessary to meet the needs of the local population in the Area and/or the decommissioning of existing primary medical services.	<input checked="" type="checkbox"/>	SUPPORT
<b>VIII. Decisions relating to the management of poorly performing GP practices.</b>		
- Produce NHSE performance dashboard and send to CCG.	<input checked="" type="checkbox"/>	SUPPORT
- Produce CCG components of quality dashboard.	<input checked="" type="checkbox"/>	
- Monitor contractual and quality performance of all constituent GP practices.	<input checked="" type="checkbox"/>	CORE (for contractual)
- Identify practices of concern including nature of the issue (contractual versus quality) and determine next steps in line with agreed framework.	<input checked="" type="checkbox"/>	SUPPORT
- With due regard to Regulation and NHSE policies and procedures for primary medical services, take contractual action (as required) and monitor impact.		CORE
- Identify any individual performer issues and raise these with the NHSE medical directorate.	<input checked="" type="checkbox"/>	CORE
- Take appropriate performer-related actions.		CORE
- Undertake actions to support quality improvement in general practice, as required.	<input checked="" type="checkbox"/>	
- Supporting the resolution of quality related issues (i.e practices at Stage 2 and 3 of the performance framework)	<input checked="" type="checkbox"/>	SUPPORT
- Attend the PPIGG to share intelligence on practice performance issues.	<input checked="" type="checkbox"/>	SUPPORT
- Produce reports on performance for relevant committees and Quality Surveillance Group.	<input checked="" type="checkbox"/>	SUPPORT

## IX. Managing the funds delegated to the CCG for the purpose of meeting expenditure in respect of the Delegated Functions

Under Joint Commissioning Arrangements the financial management and reporting of Primary Care expenditure in relation to GP Services directly commissioned by NHSE will be undertaken by NHSE West Midlands.

## X. Premises Costs Directions Functions;

### New premises developments and improvement grants:

- Create the strategic framework for premises developments and improvement grants.



- General advice and support on planning applications, eoi's from practices, visits to practices

CORE

- Invite practices to submit proposals/business cases for premises developments/improvement grants.



- Review practice proposals in detail, including cost-benefit analysis, VFM (revenue consequences).



SUPPORT

- Consult with LMC regarding schemes prioritised for approval.



SUPPORT

- Prepare paper(s) for Primary Care Committee



SUPPORT

- Work with individual practices to implement proposals within required timescales.

CORE

- Produce regular update reports, as required, for CCG sign off.



SUPPORT

- Sign off reports at Primary Care Committee.



### Rent reviews:

- Produce and maintain a three-yearly schedule of rent reviews for each GP practice.

CORE

- Liaise with the District Valuer regarding the rent and rates payment for each

CORE

practice.		
- Produce for CCG sign off a letter to each practice notifying them of the practice rent and rates reimbursement level.		CORE
- Sign off and send letters to practices.	<input checked="" type="checkbox"/>	SUPPORT
- Manage associated appeals process.		CORE
- Produce quarterly reports to enable financial updates to be made.		CORE
<b>Other premises related issues:</b>		CORE
- Manage all other premises related issues, as appropriate in line with the Premises Costs Directions, with CCG sign off.		
- S106/Planning Applications: working with Public Health (WCC) draft, for CCG sign off, a response to relevant planning applications, specifying S106 funding requirements.	<input checked="" type="checkbox"/>	SUPPORT
- S106/Planning Applications: maintain a register of agreed S106 funding in an up to date state.		CORE
- Managing the successful bids and developments from the first round of PCIF -		CORE
- Managing applications and implementation process for second (and any subsequent) tranche of PCIF	<input checked="" type="checkbox"/>	
<b>XI. Co-ordinating a common approach to primary care commissioning with other commissioners in the Area</b>		
- Co-ordinating the dissemination and implementation of guidance relevant to medical contracts		CORE
- Participating in relevant local and national networks to ensure standardisation and dissemination of best practice	<input checked="" type="checkbox"/>	SUPPORT
- Liaison with Local Medical Committees	<input checked="" type="checkbox"/>	SUPPORT

XII. Any other activities necessary to support the above functions		
- Management of routine contract variation applications (e.g. 24 hour retirements, partner changes)		CORE
- Management of non-routine contract variation applications (e.g. PMS, APMS, List Closures, boundary changes)		CORE
- Management of statutory contract changes		CORE
- Issuing of remedial and breach notices and associated action plans where relevant		CORE
- Responding to day to day contract related queries		CORE
- Liaison with PCS regarding routine contract related matters		CORE
- Manage patient allocations		CORE
- Liaison with PCS regarding non-routine contract related matters (e.g. patient allocations)		CORE
- Supporting the resolution of practice disputes where appropriate		CORE
- Supporting the resolution of issues resulting from unexpected events impacting on practices (e.g. contractor death)	<input checked="" type="checkbox"/>	SUPPORT
- Management of the Violent Patients Scheme		CORE
- Management of the Occupational Health Schemes		CORE
- Management of Clinical Waste Contracts		CORE
- Management of Translation and Interpretation Contracts	<input checked="" type="checkbox"/>	
- Supporting the coordination of data returns (e.g. workforce returns, annual e-declaration etc)	<input checked="" type="checkbox"/>	SUPPORT

- Management of SLAs to ensure that enabling IT services are provided to contractors (NHSmal support, Registration Authority, Information Governance support and Clinical Safety & Assurance)		CORE
- Management of the approval of requests to go live with Electronic Prescribing Release 2		CORE
- Support of and the management of Prime Minister's Challenge Fund schemes		CORE
- Management of DSQS		CORE
- Producing a monthly summary log of queries per CCG		CORE

**Approved by:**

**CCG Lead Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** David Williams

**Designation:** Locality Director, NHS England (West Midlands Local Office)

## 4.2 Financial Management Support

The development of the HUB ensures that CCGs and NHS England West Midlands retain access to established primary care finance expertise. The following table identifies the support available to CCGs from the Primary Care Finance Team.

From April 2016 it is proposed that payments nationally relating to GP Services for Delegated CCGs will be processed via the NHAIS system directly into CCG ledgers rather than via NHS England as it is currently in 2015/16. It is proposed that the HUB will, however, support all CCGs signed up to the MOU in a consistent manner irrespective of their level of co-commissioning.

The services detailed below are predicated on CCGs authorising restricted access (i.e. Zero approval limit/zero general ledger approval) to NHSE West Midlands Primary Care Finance staff to access the following responsibilities on CCG ledgers:

- GL Staff
- Non PO Approval
- Payables Enquiry
- Payables Helpdesk
- Payment Request
- Web ADI

The majority of the processes listed below are considered 'Core' and will be carried out in line with the relevant Regulations and NHS England policies. A set of Standard Operating procedures aligned to the policies will underpin the day to day work of the Hub and these are contained within the **Handbook**. There is scope for individual CCGs to refine the offer by determining the level of support they wish to receive from the Hub on a small range of activities identified. This will be clearly identified in an agreed functions/list specification for each CCG at the commencement of the Hub service.

The Hub does now need to continue discussion with CCGs to agree the list of functions that are CORE and those that can be individually determined (TBC). This differentiation of functions could possibly be further refined by the Hub preparing some elements for the CCG to present to Practices (SUPPORT).

The table below outlines the functions and activities that need to be undertaken. The services proposed would support CCGs through all stages of the financial reporting process from payments to month end reporting.

Management Accounting Function	<ul style="list-style-type: none"> <li>Financial planning including detailed working papers to support the financial planning template and demonstrating delivery of key financial metrics currently 0.5% contingency and 1% Non-Recurrent Transformation Fund (surplus to be determined)</li> <li>QIPP planning and incorporation into the financial plan, including profiling of QIPP achievement. Monthly monitoring of achievement and reporting into the month end reports.</li> <li>Annual budget setting, detailed financial modelling of all known contractual changes including the outcome of GMS Contract Negotiations</li> <li>Monthly monitoring of year to date expenditure against forecast at a practice level, and quarterly forecast updates as required at a subjective level</li> <li>Calculation and input of monthly accruals at practice and subjective level</li> <li>Monthly reconciliation at practice level of all GP Payments, including identifying and investigating anomalies in payments</li> <li>Monthly financial reports (To support reporting to Governing Body) including supporting information to inform regional and national reporting requirements (Non ISFE reports and ad hoc reporting where requested)</li> <li>Calculation, agreement and entry of year end accruals at practice level, and finalisation of year end reported position</li> <li>Dealing with practice payment queries and liaising with Capita (formerly PCSS) with regards to pension queries</li> <li>Processing pension pay over and reconciling payments to the ledger on a monthly basis</li> </ul>
General Practice - GMS	<ul style="list-style-type: none"> <li>Recalculation of Global Sum and Out of Hours Forecasts quarterly for GMS Contracts including investigation into any significant changes</li> <li>Calculation and payment of PMS Transitional Payments (PMS Premium)</li> <li>Monitoring of expenditure for Dispensing/ Prescribing Fees including investigation into any anomalies at practice level</li> </ul>
General Practice - PMS	<ul style="list-style-type: none"> <li>Calculation of PMS Baselines and Out of Hours deductions for PMS contracts (where they are still in place)</li> <li>List Size adjustment calculations and quarterly payments</li> <li>Monitoring of expenditure for Dispensing/ Prescribing Fees including investigation into any anomalies at practice level</li> <li>Financial modelling of GMS contractual changes that impact upon PMS contracts</li> </ul>
Other List Based Services (APMS)	<ul style="list-style-type: none"> <li>Calculation of APMS Contract payments where applicable for 12 APMS contracts</li> <li>Calculation of KPI payments where applicable</li> <li>Monitoring of expenditure for Dispensing/ Prescribing Fees including investigation into any anomalies at practice level</li> </ul>
Premises Cost Reimbursements Includes CHP/NHSPS	<ul style="list-style-type: none"> <li>Calculation of rent payments</li> <li>Calculation of back payments following District Valuer review</li> <li>Processing and payment of Non Domestic Rates, Water Rates and Clinical Waste payments</li> <li>Supporting the understanding of Primary care Infrastructure Fund (PCIF) recurrent revenue impact</li> <li>Verifying district valuer costs and arranging payment of invoices</li> </ul>

	<ul style="list-style-type: none"> <li>• Supporting due diligence process of PCIF bids and monitoring of expenditure against allocation</li> <li>• Liaising with LMCs, NHS Property Services and Community Health Partnership with regards to non-reimbursable and subsidy charges at practice level</li> <li>• Providing practices with detailed information on charges and reimbursements where required</li> </ul>
Directed Enhanced Services	<ul style="list-style-type: none"> <li>• Verification of DES payments (ensuring they are in line with DES specification and querying where not, e.g. £s per patient value)</li> <li>• Monitoring YTD DES expenditure against forecast outturn at practice level and recalculating forecast where applicable</li> <li>• Calculating Minor Surgery Caps and supporting commissioners with requests for increases, and monitoring of spend against caps</li> <li>• 15/16 DES's are Minor Surgery, Extended Access, Violent &amp; Aggressive Patients, Learning Disabilities, Dementia and Unplanned Admissions.</li> </ul>
QOF	<ul style="list-style-type: none"> <li>• Calculation of QOF forecast outturn at practice level, based on prior year achievement</li> <li>• Monitoring expenditure and investigating where aspiration payments are not as expected</li> <li>• Calculating QOF Reward accrual at practice level including estimated growth</li> <li>• Where applicable calculating impact of reduction in QOF Points in line with the outcome of GMS Contract Negotiations</li> </ul>
Other GP services	<ul style="list-style-type: none"> <li>• Processing and payment of Locum reimbursement claims ensuring compliance with the Statement of Financial Entitlement</li> <li>• Calculate seniority forecast outturn and monitoring of expenditure at practice level</li> <li>• Support to Prime Ministers Challenge Fund (PMCF) projects including financial due diligence during bidding process, payments for approved bids, and processing of Capital claims</li> <li>• Supporting procurement projects, including costing of contracts and participation in procurement boards as evaluators</li> <li>• Monitoring of expenditure against Primary Care Reserves i.e. 1% Transformation fund, 0.6% reserve, PMS Premium and 0.5% Contingency</li> <li>• FOIs</li> <li>• Financial modelling for strategic commissioning intentions</li> </ul>

## 5. Staffing Resources

For the purposes of Primary Medical Services commissioning in 2015/16 and 2016/17, the Primary Care Hub comprises of all of the NHS England Primary Care Services contracting team and the Primary Care Finance team with support from the Medical and Nursing and Quality Directorates as required

The Primary Care Teams currently have responsibility for all of the Primary Care contracts for the four Independent contractor groups and some staff undertake roles which in many cases span more than one area of the work programme. If and when co-commissioning expands to encompass these areas the transition will be facilitated by the fact that all staff are already working within the Hub environment.

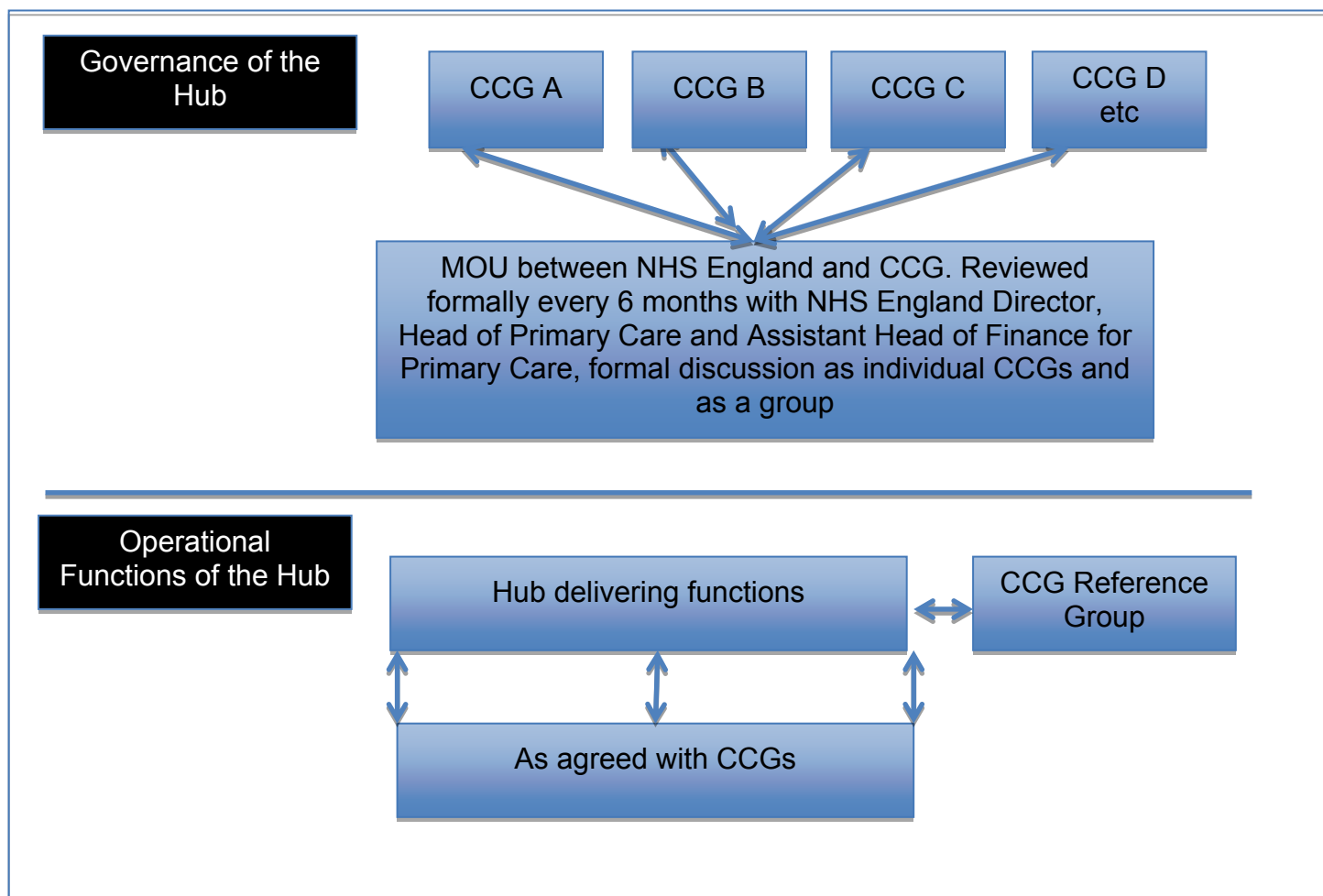
The working structure of the NHS England West Midlands Primary Care Hub is illustrated in the **Primary Care Hub Handbook**.

### 5.1 Accountability

It is proposed that the Primary Care Teams will work with each CCG on the delivery of the Primary Medical Services Commissioning function:

- The Hub team will work across all CCGS but in addition each CCG will have direct access to Primary Care through a named lead.
- The Head of Primary Care (HOPC) will lead the Primary Care Team on a day to day basis and manage the business interface with each individual CCG.
- The Assistant Head of Primary Care Finance (AHoF) will lead the Primary Care Finance Team on a day to day basis and manage the business interface with each individual CCG.
- The HOPC and the AHoF will work with each CCG to identify/agree and deliver against specific priorities.
- The HOPC and AHoF will highlight resource constraints and propose solutions where there may be a risk to delivering against CCG priorities.
- The Hub's Primary Care Teams will support CCGs during the Primary Care Assurance process but will not participate in NHS England's primary care assurance role of CCGS.
- The Primary Care Teams will routinely attend CCG Primary Care Commissioning Committees where identified as a member / invitee of the committee.
- The Primary Care Teams will provide regular reports to each CCG as agreed (e.g. monthly finance, quality and performance, quarterly commissioning activity summary reports).
- It is also proposed that the HOPC/AHoF & an NHS England West Midlands Director hold a joint half yearly review with each CCG to discuss the functioning of the Hub.

## Simplified Image of the governance and relationships between the Hub and CCGs



It is anticipated that the current Hub staffing structure is set at an appropriate level to undertake the functions outlined. The workload for primary care commissioning and primary care finance however can also be variable and unpredictable. In recognition of this it is recommended that there is a regular assessment of workload and capacity.

- The PC Hub will aim to provide equitable support to each CCG and will endeavour to effectively balance competing priorities.
- In the rare event where a CCG requires support that exceeds the available resources then the HOPC and/or AHoF will initiate a discussion with CCGs about how that can be resourced e.g.
  - CCG securing additional resource (potentially secured through the PC Hub).
  - PC Hub securing additional resource (potentially through a CCG).
  - CCG agreeing with other CCGs to focus the PC Hub resource temporarily on a specific issue.
  - CCG divert internal resource and backfill as necessary.
  - Solution may require a combination of the above

The first line for resolving any concerns relating to support from the Primary Care Hub would be between the Head of Primary Care (HOPC) for Contracting matters and the Assistant Head

of Finance for financial matters and the designated CCG Lead. If necessary then the CCG may wish to escalate issues to the Locality Director for resolution

## 7 Role of the CCG Network Group

It is recommended that the CCG Network:

- Facilitate the development and provide oversight of a Memorandum of Understanding (MOU) between all the CCGs and the Primary Care Hub.
- Ensure that the Primary Care Hub and CCGs deliver against their respective roles and responsibilities as set out in the MOU and agreed working arrangements.
- Facilitate development of Primary Care Hub and CCGs in response to common themes, risks, issues arising in year.
- Provide advice, guidance and development support to the Primary Care Hub team.
- Review the Primary Care Hub arrangements for 2016/17 which respond to individual CCG aspirations for primary care commissioning and the changing co-commissioning landscape

### 7.1 Performance Reporting

The Primary Care Hub will provide quarterly reports at CCG level summarising performance including activities completed during the previous period and highlighting risks / issues.

Quarter	Performance report
1	End July
2	End October
3	End January
4	End April

Key themes will be extracted from the CCG level reports to summarise Primary Care Hub activity trends and common risks / issues. This information will be presented the CCG Network meeting.

This is in addition to regular reports provided to the CCG to support commissioning decisions, quality and financial governance.

## 8. Communication and engagement

In order to ensure strong communications between the Primary Care Hub and CCG teams a communications pack has been prepared which is included in the **Primary Care Hub Handbook**.