London’s GP consortia development programme
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Introduction

The Health White Paper: Equity and excellence: Liberating the NHS, published in July 2010, is clear there will be a fundamental shift in responsibilities and budgets for commissioning NHS healthcare and services. GPs – working in groups to be known as consortia - will now lead the commissioning of most healthcare services across England. Primary Care Trusts and Strategic Health Authorities will be abolished and the ambition is for the new GP consortia to be the statutory bodies accountable for commissioning from April 2013.

Whilst many GPs do have experience of commissioning these skills and capabilities will need to grow, be supported and developed to meet their new delegated responsibilities. This will include increasing awareness of the range of information which can influence commissioning decisions, engaging with a wide range of stakeholders (including patients, the wider public, Local Authorities and NHS and private providers of healthcare), developing plans for consortia and working to achieve authorisation as a statutory body.

The NHS in London is committed to supporting GPs through this journey to become authorised GP consortia by April 2013. To provide this support NHS London is working with GPs, sectors and PCTs to establish a regional development programme for GP consortia in London.

There is a national pathfinder programme, announced by the Secretary of State at the National Association of Primary Care conference on 21 October, to support those GPs who are ready to press ahead with commissioning care for patients. London’s GP consortia development programme has been designed to align with this national pathfinder programme.
London’s GP consortia development programme

London’s GP consortia development programme has three aspects:

- **A development framework** which provides a set of ‘phases’ consortia will progress through as they develop and work towards authorisation as statutory bodies

- **Development support** which will provide GP consortia with support in developing their leaders, teams and organisations

- **Funding** to support the development of GP consortia.

These three aspects of the programme are linked as GP consortia will be able to access the development support and funding arrangements as they move through the development framework.

The development framework provides consortia with a set of outcomes to work towards as they develop and take on more responsibilities. These outcomes are set out across three phases of development:

- **Mobilisation phase**: many GP practices are already in the mobilisation phase and have already identified the GP consortia that they wish to form

- **Pathfinder phase**: this aligns with the national pathfinder programme and aims to empower and support GP consortia as they move forward with commissioning care

- **Authorisation phase**: during this phase consortia will be applying for authorisation as statutory bodies, after which they will take on full commissioning accountability for patient care.

More detail on the development framework is in figure 1 and provided later in the development framework section of this document.
**Figure 1:**

<table>
<thead>
<tr>
<th>Phase</th>
<th>Key activities for the phase</th>
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| **Mobilisation phase** | • identifying who to form a consortium with  
                      • increasing knowledge of commissioning activities and local commissioning 
                      challenges, particularly QIPP  
                      • engaging collectively with Local Authorities and other stakeholders. |
| **Pathfinder phase**   | **Design, planning and preparation**  
                      • developing designs and plans for taking on commissioning responsibilities. |
|                      | **Some delegated responsibilities**  
                      • undertaking some delegated commissioning responsibilities  
                      • reviewing progress and options for improvement  
                      • developing further to take on all delegated commissioning responsibilities. |
|                      | **All delegated responsibilities**  
                      • performing all delegated commissioning responsibilities relevant to GP consortia. |
| **Authorisation phase** | • preparing for authorisation  
                      • applying for authorisation  
                      • completing all commissioning activities defined by the NHS Commissioning Board,  
                      once authorised. |
Development support

NHS London will offer development support to GP consortia in the pathfinder and authorisation phases of the development framework. This will align with the national pathfinders programme. Development support will cover development for individual consortia leaders, support for consortia leadership teams, and organisational development for consortia as a whole.

The plan is for this support to be delivered in two stages:

1. The first pathfinder consortia will work with a single provider, or group of providers, to design and test the support that will be offered

2. Once the support that consortia need has been designed and tested, it will be offered to the next pathfinders – at this point a wider selection of providers will be identified so that these pathfinders have a choice about who provides their support.

In 2011/12, when the authorisation process becomes clearer, a similar support offering will be designed to support GP consortia through the authorisation phase.
Funding

Alongside the development support described in the previous section from April 2011 the NHS in London is making funds available for GP consortia in the pathfinder and authorisation phases to further boost their progress.

This funding will be provided to GP consortia based on the following principles:

- Funding will be equivalent to £1.66 per year per registered patient in the consortium (as an illustration, this is equivalent to ~£500,000 per year for a consortium covering 300,000 patients)
- Funding will be available for pathfinders until 31 March 2013, and will be prorated accordingly
- All funds will be held locally by the sector Chief Executive – and their use should be agreed with the sector Chief Executive as part of the consortium’s development plan
- Consortia will be able to take this resource either as cash, or as the equivalent in people, drawing on existing PCT staff by agreement with the sector Chief Executive
- Where a consortium wishes to draw on PCT staff, please note they will only be available for one year as by 2012 they will become subject to nationally required management cost savings, reducing these posts by over fifty percent.

The NHS in London is able to make this funding available because nationally required management cost savings are being met a year early. Given the ambitious timelines for delivering the management cost reductions consortia will need to engage early with sector Chief Executives to make their preferences known.

The NHS in London is committing to creating this fund, although the total savings made by management cost savings are not yet known. In addition to supporting GP consortia development the NHS in London is looking to use the funding to support PCT staff in creating dynamic commissioning support organisations.

In addition emerging GP consortia are receiving varying levels of support via Practice Based Commissioning arrangements. We have begun a London-wide piece of work to ascertain how much funding is being made available and understand what sectors are doing to realign this resource to support consortia development.
The development framework

Mobilisation phase

Many GPs across London are already in the mobilisation phase of developing their GP consortia. During this mobilisation phase, GP practices can increase their knowledge of commissioning, identify potential members of their consortium and define its vision and leadership.

There are many good examples of GPs commissioning services within existing Practice Based Commissioning clusters in London. It is important that GPs are supported in building on existing good practice as they develop their new GP consortia. Sectors are working with GPs across London to assist them in building on this existing knowledge, increase their knowledge of commissioning, the commissioning cycle and local commissioning challenges.

The outcomes listed below set out the key challenges for GP practices during the mobilisation phase.

Outcomes for mobilisation phase

- A set of evidence that meets the criteria for the pathfinder phase:
  - evidence of strong GP leadership and support
  - evidence of Local Authority engagement
  - an ability to contribute to the delivery of the local QIPP agenda in their locality
- Clarity on existing joint working arrangement with Local Authorities, and a plan for ongoing engagement with them
- Engagement with local partners on options for developing local Health and Wellbeing Boards that will promote integration and partnership working between the NHS, social care, public health and other local services
- Engagement in the 2011/12 QIPP (Quality, Innovation, Productivity and Prevention) planning and operating planning rounds, especially on acute contracting
- A plan for how to address local QIPP challenges, including the quality of primary and community care
- A plan for engaging local clinicians and Allied Health Professionals on joint working
- A plan for engaging with Public Health practitioners, including ensuring awareness of the potential change in local Public Health arrangements.
Pathfinder phase

The pathfinder phase has three stages to it:

- Design, planning and preparation
- Some delegated responsibilities
- All delegated responsibilities.

Each stage of the pathfinder phase has a set of criteria that a GP consortium will need to meet in order to enter that stage and a set of outcomes the consortia should be working towards during that stage. There is no definitive timeframe associated with each stage of the pathfinder phase and each consortium should move through the stages at their own speed with the aim of achieving authorisation by April 2013.

Consortia in the pathfinder phase gain access to the development support from January 2011 and funding from April 2011. They will also be invited to participate in a network that will enable consortia at different stages of development to share their experiences and learning. The regional learning network will be co-designed with the first pathfinder consortia in January 2011 to help it meet the needs of GPs.
Design, planning and preparation

This first stage of London’s pathfinder phase aligns with the national pathfinder programme. All consortia meeting the criteria for this stage will be designated pathfinders. The criteria for this stage reflects the national pathfinder criteria, as outlined by the Department of Health, and have been developed into more explicit regional criteria with input from London GPs and PCT commissioning managers.

Consortia can enter this stage of the pathfinder phase from January 2011 onwards.

The January 2011 pathfinders will be announced in December by the Department of Health and thus applications need to be made by 26 November. Applications will be reviewed monthly thereafter.

Criteria for design, planning and preparation

- Evidence of strong GP leadership and support (national pathfinder criterion), demonstrated by:
  - A joint statement of intent from the GP practices within the consortium
  - A vision for the consortium
  - A plan for how the consortium will work with its constituent GP practices
  - Agreement from the consortium to work within current legislation and operating plans
  - A proposed process for decision making within the consortium, including identification of who will hold accountability within the consortium
  - A plan for engaging with clinicians and other Allied Health Professionals on joint working

- Evidence of Local Authority engagement (national pathfinder criterion), demonstrated by:
  - A joint statement of intent for developing partnership working with Local Authorities
  - Consideration for how to participate in the development and shaping of local Health and Wellbeing Boards
  - A plan for engaging other stakeholders – including patients and the public

- An ability to contribute to the delivery of the local QIPP agenda in their locality (national pathfinder criterion), demonstrated by:
  - Participation in the 2011/12 QIPP planning round at PCT and sector level, including developing and agreeing priorities for the local population
  - Local ownership of meeting the QIPP challenge, for example through application of contractual levers, other beneficial changes such as tariff deflation, service reconfiguration and changes to service utilisation for referrals and prescribing.

In order to assist NHS London in its support for GP consortia some additional information would be helpful when applying to become a pathfinder, although this information is not a required part of the applications:
• A description of any delegated commissioning responsibilities the GP practices within the consortium currently hold and how effective these have been – for example, this might include any existing Practice Based Commissioning arrangements
• An indication of the services and / or functions the consortium is looking to take on delegated responsibility for in the next stage of being a pathfinder, and when it would like to be in a position to take them on
• The main areas for development for the consortium, including any key issues that need to be resolved
• The forms of engagement and learning that are most preferred by the consortium and its constituent GP practices.

### Outcomes for design, planning and preparation

- A defined set of outcomes for the consortium
- A plan for developing the consortium that includes:
  - An organisational development plan for setting up the consortium
  - A resourcing plan to make sure the consortium has the right people and skills to take on commissioning responsibilities
  - A set of governance arrangements for the consortium, setting out how the consortium will take on delegated responsibilities from the PCT Board, including reporting processes for providing assurance to the PCT Board
- A plan for delivering the outcomes identified, including the financial implications associated with the plan
- A set of risks associated with delivering the outcomes, and a plan to mitigate them
- A plan to tackle local financial challenges, specifically for those activities the consortia is looking to take on early delegated responsibility for
- A plan to tackle local performance challenges, specifically for those activities the consortia is looking to take on early delegated responsibility for
- An agreement with Local Authorities on ways of joint working
- An agreement on how to work with Local Authorities to develop, shape and set up local Health and Wellbeing Boards
- Implementation of the local QIPP plan, including working with GPs on the improvement of local primary care services
- A plan for how to work with the public, patients, carers and LINks, and support work to develop local HealthWatch
- The evidence required to apply for the some delegated responsibilities stage of the pathfinder phase.

GP consortia will be supported by sectors to deliver these outcomes.
Some delegated responsibilities

As consortia progress in their development, they will take on some of the commissioning responsibilities that currently sit with PCTs. This will help them prepare for taking on all commissioning responsibilities and applying for full authorisation.

To do this within current legislation, PCT Boards will need to delegate responsibility for PCT commissioning to a consortium. The national framework for consortia development is still emerging. Our current expected criteria for taking on some delegated responsibilities are outlined below and will need to be amended if national policy changes. Consortia will need to demonstrate they meet these criteria to NHS London, its PCT Board and sector Chief Executive in order to receive delegated commissioning responsibility.

Consortia can enter this stage of the pathfinder phase from April 2011 onwards, with applications being reviewed monthly.

Criteria for some delegated responsibilities:

- Clearly defined outcomes for the activities the consortium wishes to take delegated responsibility for
- A plan for how the consortium will achieve the specified outcomes, including how they will manage the risks (specifically financial risk) associated with them
- A plan for the performance management of activities they wish to take delegated responsibility for
- A plan for how the consortium will access the commissioning support it needs to deliver any delegated responsibilities it may take on
- Established governance structures for managing delegated responsibilities, including how the consortium reports to the PCT Board in order to meet current statutory requirements.

Once consortia have demonstrated they meet the criteria for taking on some delegated responsibilities their PCT Board will be able to formally delegate the relevant commissioning activities to the consortium.

Outcomes for some delegated responsibilities

- The outcomes for the commissioning activities the consortium has now taken delegated responsibility for
- A review of the consortium’s performance to date, specifically in relation to commissioning activities it is undertaking
- A set of outcomes for all commissioning activities
- An operating plan for the consortium, this should be developed with the PCT / sector and take on board the output of the review of performance to date
- A financial plan for the consortium, including how to address any financial challenges and financial risk, this should be developed with the PCT / sector
- A resourcing plan to make sure the consortium has access to the right people and skills
to take on commissioning responsibilities
• A plan for working with partners, specifically the Local Authority
• A plan for working with the Local Authority on the development of the Health and Wellbeing Boards and other joint working
• Progress on local QIPP plans, including improve the quality of local primary and community care services
• A plan for working with Public Health, with consideration for the response to the Public Health White Paper
• The evidence required to apply for the all delegated responsibilities stage of the pathfinder phase.

GP consortia will be supported by sectors to deliver these outcomes.
All delegated responsibilities

As consortia enter this stage of the pathfinder phase they will be working in shadow form. Due to the level of responsibility they will be taking on, consortia will need to demonstrate to NHS London, their sector Chief Executive and their PCT Board that they can meet the criteria outlined below. These are our current expected criteria, which will need to be amended if national policy on commissioning development changes.

Consortia can enter this stage of the pathfinder phase from April 2011 onwards, at quarterly intervals, e.g. July 2011, October 2011, January 2012.

Criteria for all delegated responsibilities:

- A draft constitution that sets out how the consortium will deliver its roles and responsibilities
- A plan for how the consortium will discharge its delegated commissioning responsibilities and ensure that the PCT can discharge any relevant statutory obligations it has
- A plan outlining the finances for the consortium, including how it will approach financial risk and any potential actions to remedy overspend
- Having the explicit support of the relevant PCT and Local Authority in assuming delegated responsibilities
- A plan for how the consortium will access the commissioning support it needs to support it in delivering all delegated responsibilities
- A plan for how the consortium will work with the Local Authority in commissioning for the local population, including the development of the JSNA and participating in the Health and Wellbeing Board.

Once consortia have evidenced they meet the criteria for taking on all delegated responsibilities their PCT Board will be able to formally delegate all commissioning activities to the consortium. At this point consortia will be working in shadow form.

Outcomes for all delegated responsibilities

- The outcomes for all commissioning functions the consortium is performing
- A review of the consortium’s commissioning capability and capacity to deliver
- A review of the consortium’s organisational design, including governance arrangements and operating plans
- A revised set of plans for the consortium, where appropriate
- Preparation for authorisation as a statutory body – these activities will be determined by the authorisation process to be developed by the NHS Commissioning Board.

GP consortia will be supported by sectors to deliver these outcomes.
Authorisation phase

The final authorisation process for GP consortia has not yet been defined by the Department of Health. It is expected that the requirements for authorisation and the application process will be developed over the coming year by the NHS Commissioning Board.

As more information on the authorisation requirements and application process is provided it will be shared as quickly as possible with GP consortia to support their preparations.

The development support programme will also include support for the authorisation process. This support will be defined as the authorisation process develops to make sure London’s GP consortia get the best support possible.
The process for applying to be a pathfinder

In line with the principles for the pathfinder programme outlined by the Department of Health, the following principles apply to London’s GP consortia development programme:

- Access to the programme will be as permissive as possible
- Groups of GP practices keen to participate in the pathfinder process should put themselves forward to NHS London
- Applications will be reviewed monthly
- The first group of pathfinders will be announced in December 2010
- Pathfinders will agree when they take on additional responsibilities, which could be from 2011/12, if they wish
- Pathfinders will operate within the current legislative and governance frameworks through which plans, contracts and outcomes will be effected.

Given these principles, the following timings have been set out for applying to be a pathfinder consortium in London:

- All potential GP consortia are invited to apply to any stage of the pathfinder phase from November 2010
- Applications to the pathfinder phase will be accepted on a rolling basis throughout 2011/12, with monthly announcements of successful consortia
- The stages of the pathfinder phase will be made available to consortia from the following dates:
  - Design, planning and preparation – January 2011
  - Some delegated responsibilities – April 2011
  - All delegated responsibilities – April 2011, at quarterly intervals
- The first set of pathfinder consortia will be announced in December 2010, and be live from January 2011. The deadline for submitting applications for January 2011 is 26 November 2010
- As the application process remains open throughout 2011/12 it is expected that all consortia in London will have reached the pathfinder phase of the development framework by April 2012.

Assessment of whether a consortium has successfully demonstrated the relevant criteria for each stage of the pathfinder phase will be undertaken by a GP Clinical Director from a different sector, NHS London and the relevant sector Chief Executive as set out in figure 2. Where commissioning responsibilities are delegated the PCT Board will also be involved in the assessment process.

 Consortia are encouraged to discuss their applications with their sector Chief Executive before finalising them.
**Figure 2:**

<table>
<thead>
<tr>
<th>Stage of Pathfinder Phase:</th>
<th>Assessment of criteria undertaken by:</th>
<th>Date stage available from:</th>
</tr>
</thead>
</table>
| Design, planning and preparation | • A sector GP Clinical Director  
• Hannah Farrar (Director of Strategy and Commissioning Development – NHS London)  
• Sector Chief Executive | January 2011 |
| Some delegated responsibilities | • A sector GP Clinical Director  
• Hannah Farrar (Director of Strategy and Commissioning Development – NHS London)  
• Paul Baumann (Director of Finance and Investment – NHS London)  
• Sector Chief Executive  
• PCT Board, who will delegate commissioning responsibilities | April 2011 |
| All delegated responsibilities | • A sector GP clinical director  
• Hannah Farrar (Director of Strategy and Commissioning Development – NHS London)  
• Paul Baumann (Director of Finance and Investment – NHS London)  
• Sector Chief Executive  
• PCT Board, who will delegate commissioning responsibilities | April 2011, at quarterly intervals |

Consortia should send their pathfinder applications to the Commissioning Development Team at NHS London via: [strategycommissioning@london.nhs.uk](mailto:strategycommissioning@london.nhs.uk).

A template to support applications can be downloaded from the NHS London website [www.london.nhs.uk](http://www.london.nhs.uk).
For more information on London’s GP consortia development programme please contact:

strategycommissioning@london.nhs.uk