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# Primary Care Delegation Agreement Frequently Asked Questions

29 July 2022 – Version 2. Updates to version 1 are highlighted.

# Terms and Conditions FAQs

## Why is NHSE delegating its functions to ICBs?

Integrated Care Boards (ICBs) are being established to take responsibility for the health and care of their populations. In delegating its functions to ICBs, NHSE will enable ICBs to integrate care and improve population health. ICBs will have the flexibility to join up key pathways of care, leading to better outcomes and experiences for patients, and less bureaucracy and duplication for clinicians and other staff.

## What is meant by delegation?

Delegation means that there is an agreement between NHSE and an ICB that enables the ICB to take on the responsibility for delivering NHSE functions. Following final approval and signature by each organisation's senior leadership team, the function becomes the responsibility of the ICB, meaning they can take commissioning decisions on behalf of its population. The ICB becomes the operational and legal owner of the function, being both responsible and liable for its delivery, with NHSE retaining accountability.

## How has the delegation agreement been developed?

We started with the CCG Primary Medical Care delegation agreement and sought input from subject matter experts, regional and national NHSE teams, and legal colleagues. We also undertook extensive engagement with ICSs. NHSE worked closely with key stakeholders at each stage of development to clarify and refine the agreement, ensuring it supports the safe and effective delegation of commissioning functions.

## Can an ICB delegate these functions to another organisation?

The Health and Care Act 2022 enables ICBs to delegate their functions to several other public organisations. But to fulfil its national role, NHSE recognises the need for parameters around the onward delegation of its delegated functions to provide safeguards. As such, the permissions available to ICBs are:

- Delegation to or joint commissioning with:
  - NHS Providers (Trusts and FTs) is not permitted

- Local Authorities or Combined Authorities is subject to approval from NHSE
- At least one other ICB is permitted
- Triple delegation (e.g. a scenario in which an ICB delegates to ‘another body’, which then delegates the function) is never permitted. This is because it may create confusion about responsibility.

Please note, internal arrangements do not constitute ‘onward delegation’ (e.g. where an ICB shifts responsibility for exercising these functions to a sub-committee of the ICB itself). It is only when functions are delegated to an external body that the ‘count’ of onward delegation begins. If an external body is represented on an internal sub-committee this is not deemed as onward delegation.

## Where does liability sit when an NHSE function is delegated?

An ICB will be liable for any NHSE function delegated to them, while NHSE remains liable for any functions listed as reserved in the agreement. If there is significant doubt as to whether a function is delegated or reserved, it is considered to be reserved. Regardless of whether a function is delegated or not, NHSE remains accountable to Parliament for the function.

## What is the difference between responsibility, liability, and accountability for a delegated function?

Liability means the legal responsibility to bear losses associated with the exercise of a function. The Health and Care Act 2022 locates liability for a function with the organisation which exercises it, meaning that if a function is delegated, the recipient holds the liability.

When a NHSE function is delegated to an ICB, the ICB will be responsible for ensuring the function is exercised in a proper way on behalf of NHSE. They will be responsible for planning and delivering the service in a way that meets the needs of the local population, offering high quality care accessible to all. The ICB will also be liable for how the NHSE function is being delivered. This means they will be responsible for responding where there are failings in the delivery of a service, for example, having to pay damages or taking any other necessary action.

NHSE will remain accountable to the Secretary of State for Health and Social Care for the function. This requires NHSE to seek assurance that the organisation they have delegated

the function to is delivering the service appropriately. NHSE will need to demonstrate assurance to third parties, such as the Secretary of State for Health and Social Care or the Health Select Committee, that the function is being exercised appropriately. Where an organisation is failing in the delivery of the function, NHSE must take action.

## Will ICBs be liable for any failings of an NHSE function that happened prior to delegation?

No, liability from the pre-delegation period of an NHSE function remains with NHSE. An ICB is liable for the delivery of a function only from commencement of the agreement and not before. Liability for Primary Medical Care prior to 1 July 2022 sits with NHSE.

## How will NHSE assure itself an ICB is exercising its function appropriately?

NHSE is working with regions and systems to develop an interim assurance framework for 2022/23 which will provide sufficient oversight on how an ICB is exercising, managing, and delivering its delegated functions. The intention is to develop an approach that is proportionate, limiting any unnecessary burden during this transitional year. The learning from this interim arrangement will contribute to later assurance approaches.

## Will ICBs manage existing NHSE contracts after delegation?

ICBs will manage contracts which are currently held by NHSE for Primary Medical Care, Primary Ophthalmic Services and Dental Services. The contracts will not be replaced with a new contract for ICBs under delegation. The delegation agreement describes how ICBs will be responsible for contracting and provider selection. Pharmaceutical Services currently operate on a contractual framework.

## Is there still a requirement for a Primary Care Commissioning Committee (PCCC)?

The need for a PCCC is no longer mandated in the delegation agreement. Removing this requirement is intended to enable ICBs to structure their internal governance in a way that supports their ambition for integrating care, and enhancing the delivery of services for the needs of their local populations. In recognition of this, the delegation agreement does not

mandate a PCCC or any equivalent requirement. However, ICBs are still able to use a PCCC where they wish to do so.

## How should an ICB reflect their plans for NHSE delegated functions into their joint forward plan?

The joint forward plan will be a 5-year strategic plan, and local NHS delivery plan, describing how it will contribute to meeting the health needs of its local population in a way which reflects local priorities, address the four core purposes of ICSs, and is coherent with NHS planning returns.

The joint forward plan must describe how ICBs and partner trusts/FTs intend to exercise their functions over the next five years, and must describe how the ICB intends to meet population health needs of people in their area through delivery of primary, secondary, and community care. We expect this to address delegated functions as well as ICB functions.

## Will NHSE define circumstances in which it may use its powers to adjust allocations for delegated functions?

NHSE has set out instances when ICB allocations for delegated Primary Care Services may be adjusted in Sections 9.5 and 9.6 of the delegation agreement. For example, ICB allocations may be adjusted under exceptional circumstances to reflect significant changes in ICB responsibilities.

## Who is responsible for complaints for these functions after 1 July?

The management of complaints is an integral part of the commissioning of services, and so NHS England is delegating responsibility for the management of complaints along with our commissioning functions.

As the responsibility for complaints will shift with the delegated function after 1st July, there will be a period when NHS England and ICBs will work together sharing information on complaints for these functions and increasing the involvement of ICBs in delivery.

However, the core operating model for complaints will not change during 2022/23 and NHSE's teams will continue to handle complaints, sharing information with ICBs. We are currently developing the future operating model that will be implemented by 1 April 2023.

## How will ICBs access legal advice in relation to Primary Care functions?

When ICBs take on delegated functions, they become responsible for seeking their own legal advice on any issues arising in relation to those functions. The same position previously applied to CCG delegated primary medical services, with CCGs seeking their own legal advice on these delegated functions. ICBs will continue to do so.

Prior to 1 July 2022, NHS England commissioning teams would be used to accessing legal advice from the NHS England Legal Team in relation to POD functions.

From 1 July, some POD commissioning functions were delegated to ICBs, while the majority remain with NHS England for 2022/23. This will affect arrangements for accessing legal advice, as follows:

- Where NHS England retains any POD functions, any legal advice should be requested from the NHS England Legal Team via the usual process (Legal Requisition Form).
- Where any POD functions are exercised by an ICB under delegated authority, any legal advice must be sought from lawyers acting for the ICB instead.

It is important to be aware that NHS England's Legal Team cannot advise an ICB. If the team receives a request to advise on an issue that falls within an ICB's delegated functions, the request will be returned along with confirmation that the ICB should obtain its own legal advice.

# Primary Medical Care Services FAQs

## How is the primary medical care delegation for ICBs different from CCGs?

The delegation of primary medical service functions to ICBs is very similar to the delegation to CCGs except for the changes introduced by the Health and Care Act 2022. This includes liability shifting to the ICB the function has been delegated to, while NHSE remains accountable for the function. The revised delegation agreement allows ICBs to have greater flexibility on how functions are delivered by ICBs, such as no longer mandating the need for a Primary Care Commissioning Committee.

## Will ICBs need to comply with NHS England's national guidance for commissioning and contracting of GP services?

The delegation agreement sets out a requirement for the ICBs to comply with nationally set requirements including (but not exhaustively) agreed national contracts, guidance, and the national Primary Medical Care Policy and Guidance Manual which is available at:

<https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/>

NHS England is undertaking a review to ensure all areas of national policy guidance manual remain appropriate in supporting ICBs in the delivery of high quality primary medical care services for their population. Additionally, the delegation agreement is flexible enough to evolve as ICBs progress with implementation. NHS England will endeavour to ensure that content intended as 'guidance' for ICBs is clearly indicated and understood as such, enabling ICBs to adapt or improve services to support their local needs.

## With the delegation of GP services to ICBs does this mean local authorities can now commission GP services under Section 75 (pooled budget) arrangements?

The delegation agreement permits commissioners to make s.75 arrangements with local authorities, and pool budgets to do so. However, the agreement requires ICBs to seek

approval for any form of onward delegation or joint exercise, including under Section 75 arrangements. In addition, triple delegation – delegating onwards from an S.75 or S.65Z5 arrangement – is indefinitely prohibited.

## Can ICBs include local enhanced services in GP contracts, as they were previously commissioned by CCGs under NHS Standard Contracts?

Yes, the delegation agreement has been updated so that it is now administratively simpler for ICBs to arrange for a wider range of services to be delivered in general practice. ICBs will still need to have regard to relevant procurement rules. Further guidance will be produced on this change.

## Can ICBs contract directly with PCNs for local enhanced services/local incentive schemes?

ICBs cannot contract directly with PCNs where these are not a legal entity in their own right. ICBs can however seek to mirror the Network Contract Directed Enhanced Service in any local enhanced service/local incentive scheme proposals to achieve the same effect.

The delegation agreement has been updated to acknowledge ICBs' role in the design and the commissioning of the Network Contract Directed Enhanced Services, including planning and managing the PCNs in the area.

## Are there any other primary medical care services ICBs are responsible for?

Yes. All ICBs have been legally directed by NHS England to commission all GP Out of Hours services that GP practices have opted out of, along with overseeing the quality of them.

This is no different to current CCG arrangements which were put in place to support the commissioning of Integrated Urgent Care services which have now effectively replaced traditional GP out of hours services. This therefore represents de facto CCG function transferring to ICBs.



## How can we exercise our delegated function when the service contract(s) for the delegated ancillary support services (e.g. clinical waste, translation and interpretation, occupational health) remains with NHSE?

Until such service contracts are able to be novated to ICBs (e.g. when all primary care services have been delegated or when procured directly by the ICB), the relevant ICBs and region should agree roles and responsibilities in the ongoing management of those services.

## How are GP Out of Hours and GPIT services commissioned?

From 2013 until 30 June 2022, CCGs were directed by NHS England to commission all GP Out of Hours and GPIT services. Since 1 July 2022, ICBs have taken over this commissioning responsibility from CCGs, on the basis of the same directions from NHS England.

Amendments to the NHS Act 2006 made provision for the existing directions previously given by NHS England to CCGs to continue in force as if they had been addressed to ICBs in place of CCGs. This means ICBs must now comply with the directions that were issued to CCGs to commission these services.

# Pharmacy Services FAQs

## What will ICBs be responsible for when pharmacy services are delegated to them?

The full list of delegated functions is included in the delegation agreement. Some of the activities ICBs will be responsible for include:

- Contract management responsibilities for Community Pharmacy contractors, dispensing appliance contractors and dispensing doctors, including:
  - Market entry, contractual hours, directing, fitness to practise, provider assurance and post payment verification (PPV), recovery of overpayments, Pharmacy Contract Managers (PCM) and Pharmaceutical Services Regulations Committee (PSRC) decision-making functions;
  - Local Pharmaceutical Services Contracts, Local Enhanced Services, liaison with Local Pharmaceutical Committees, Pharmaceutical Needs Assessments with H&WB Boards, and ensuring adequate provision of pharmaceutical services.
- Supporting implementation of CPCF and increasing uptake of clinical services, transformation and integration of community pharmacy within ICBs and ICSs.

## How are community pharmacy services commissioned?

Community pharmacies are commissioned in England under the terms of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013. Under those arrangements, contractors on the pharmaceutical list operate in line with the [Community Pharmacy Contractual Framework](#) (CPCF), which is mainly negotiated nationally. As part of this, there are nationally agreed Advanced Services (which pharmacies can opt to provide if they meet the qualifying criteria) and National Enhanced Services used to commission specific services from some pharmacies according to need. In addition, community pharmacy services can be commissioned locally under a Local Enhanced Service (LES), Local Pharmaceutical Services, via the NHS Standard Contract or by local authorities.

## Where can I find details of the Community Pharmacy Contractual Framework?

The details are outlined in the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Drug Tariff. The content of the five year CPCF agreement (2019-2024) is on [DHSC website](#)<sup>1</sup>.

## What are the opportunities to use the Local Pharmaceutical Service (LPS) contractual route?

The LPS contract is a contractual mechanism that enables innovative commissioning of services from community pharmacy that meet specific local needs. Any LPS contract must contain an element of dispensing and a formal consultation must be undertaken as outlined in the regulations. ICBs can propose a new LPS and must also consider any proposals for an LPS submitted to the ICB. Prior to putting in place any new LPS contracts, the ICBs must seek written consent of the relevant NHS England regional team.

## Will ICBs be able to commission community pharmacy services in accordance with local population needs?

Yes, ICBs will be able to commission services locally via Local Enhanced Services (LESs) or LPS where these meet the requirement of PLPS Regulations and Directions as they are required to arrange adequate delivery of pharmaceutical services across the ICB. Otherwise, ICBs will be able to commission services locally via the NHS Standard Contract or Local Authority Contract. ICBs should also use the local Pharmaceutical Needs Assessment (PNA) to consider gaps in provision.

## What is the difference between a LES and a service commissioned via the NHS Standard Contract?

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<sup>1</sup> <https://www.gov.uk/government/publications/community-pharmacy-contractual-framework-2019-to-2024>

With the delegation of pharmaceutical services, ICBs will have new powers to commission Local Enhanced Services). Enhanced services are those that are listed in [The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013<sup>2</sup>](#).

Other services cannot be commissioned as Enhanced Services; Local Pharmaceutical Services contracts or the NHS Standard Contract give further flexibility to commission other services the ICB wishes to commission from community pharmacy.

All local services must be paid for from local budgets. Payments for Local Enhanced Services and Local Pharmaceutical Services must be made to pharmacies by the NHS BSA via the Local Payments Application administered by Primary Care Support (England). Local arrangements must be put in place to pay for services commissioned under the terms of the NHS Standard Contract.

Clinical governance and provider assurance arrangements should be considered when developing local services.

## What happens to services that were commissioned by CCGs previously, are they considered to be LES services requiring new SLAs/contract documents issued?

Some services that were previously commissioned by CCGs might be listed in [The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013](#). Going forward, these could therefore be commissioned as LESs instead. There are no national requirements to change these contracts and deciding to do so is at ICBs discretion. The legislation made provisions for all existing CCG contracts, as of 1 July, to transfer to the relevant ICB. Where there are existing contracts, any decision to change those arrangements must be in accordance with the terms of the relevant contract e.g. notice period for termination, it is not simply at the ICBs discretion.

## When should a service be commissioned via The NHS Standard Contract?

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<sup>2</sup> <https://www.gov.uk/government/publications/pharmaceutical-services-advanced-and-enhanced-services-england-directions-2013>

The NHS Standard Contract is currently used by CCGs to commission services from community pharmacies. With delegation, ICBs will be able to commission services listed in [The Pharmaceutical Services \(Advanced and Enhanced Services\) \(England\) Directions 2013](#) as Local Enhanced Services. Any services not listed will need to continue to be commissioned via the NHS Standard Contract, with implications described above.

## NHS England can commission services on behalf of other organisations, can ICBs do the same?

Yes, ICBs may choose to commission services on behalf of other organisations, such as local authorities. Funding for these will need to be identified locally.

## Are ICBs responsible for contract managing providers such as distance selling pharmacies and dispensing appliance contractors who dispense throughout the country?

Yes, ICBs are responsible for contract managing any provider based within the boundary of the ICB. The [Pharmacy Manual](#) sets out contract management processes and these should be applied in the same way as for other pharmaceutical providers.

## Can ICBs make payments to community pharmacies for essential or advanced services outside of those specified in the Drug Tariff?

No, all payments must be made in line with the Drug Tariff, LES or LPS agreement or other formal contracting arrangement such as NHS Standard Contract or Local Authority contract.

## Can ICBs change what is paid for essential or advanced services?

No, community pharmacy fees and allowances are pre-determined nationally and outlined in the Drug Tariff; all ICBs must commission in line with the CPCF.

## Will ICBs need to comply with national guidance for commissioning and contracting services?

Yes, as pharmaceutical services are highly regulated. The [Pharmacy Manual](#) should be complied with when discharging this function, as well as the [NHS Pharmacy Regulations Guidance 2020](#) and [Guidance for ICSs and STPs on transformation and improvement opportunities to benefit patients through integrated pharmacy and medicines optimisation](#).

Access to the latter guidance can be requested by emailing [england.pharmacyintegration@nhs.net](mailto:england.pharmacyintegration@nhs.net).

## What other resources will be available to help ICBs manage delegated responsibilities?

Other resources available to ICBs include:

- Primary Care Support (England) undertakes most market entry applications and associated administration processes. The PCM or PSRC are responsible for decision-making.
- ICBs can also choose to pay for a licence with [PCC](#) who provide specialist advice and training on pharmaceutical service regulations; PCC can support ICBs in ensuring decisions made are in line with regulations.

## Which functions will be carried out by NHS Business Services Authority (NHSBSA) on behalf of the ICB?

NHSBSA will provide support to the ICBs in the delivery of a number of key services, as detailed in the Mandated Assistance and Support schedule of the delegation agreement.

These include:

- NHSBSA making payments to contractors in line with the Drug Tariff;
- Performance management – direct support to commissioners and community pharmacy contractors to implement corrective and preventative actions to ensure contractor compliance, such as:
  - Provision of dashboards and data products to support regional team/ICB decision making and inform on contractor performance;

- o Pre-payment validation activities on pharmacy quality scheme;
- o Some pre-reimbursement checks on dispensing claims for NHS prescriptions and verification of unusual claims;
- o Local dispute resolution process support and escalation of cases that require decision by PSRC;
- Community Pharmacy Assurance Framework – administration of the annual contractor assurance declaration and additional in-depth assurance declaration where appropriate, provision of assurance reports at ICS and contractor level supporting further assurance decisions by the ICB;
- Post-Payment Verification (PPV) – end-to-end process for identifying and verifying claims as part of the national PPV framework to support ICBs to play their part in ensuring compliance with contractual requirements and delivery of quality and value for money. This includes obtaining and reviewing claims, investigation of outliers and other potential inappropriate claims, along with referrals and investigatory reports to the ICB to consider and decide overpayment recoveries, and carrying out the financial recovery where appropriate. PPV can also be instigated by the ICS or Counter Fraud;
- Payment to contractors – process payments to contractors for provision of essential and advanced services, as well as services provided under a LES or LPS contract.

ICBs retain all approval and decision-making responsibilities for the above service areas.

## How will ICBs exercise their responsibilities for contractual assurance processes?

ICBs will be responsible for monitoring contractors within their local area and taking contractual action as required. This includes ensuring contractors complete the annual Community Pharmacy Assurance Framework and undertaking contract monitoring, including site visits, where appropriate. ICBs will be supported by the NHSBSA Provider Assurance as outlined in the Delegation Agreement.

## Which functions will be carried out by Primary Care Support England (PCSE) on behalf of the ICB?

PCSE provide administrative support for market entry application processes, distribution of dispensing tokens and administration for elements of the Local Payments Application.

These functions are described in the Pharmacy Manual. PCSE currently do not provide administrative support for market exit; this is the responsibility of the ICB community pharmacy team.

## How will the ICB keep up to date with contract developments and raise operational issues?

NHS England Community Pharmacy Commissioning national team hold a monthly meeting with Contract Managers to update on any developments and provide an opportunity to discuss these. In addition, there is a Teams chat for contract managers which the national team are members of, the national team send out updates via email as required, and they can be contacted on [ENGLAND.CommunityPharmacy@nhs.net](mailto:ENGLAND.CommunityPharmacy@nhs.net).

## How will Local Pharmaceutical Committees (LPCs) be engaged in decision making and on partnership work around patient pathways?

The ICBs are responsible for consulting with LPCs in respect of the delegated pharmaceutical functions as required by the National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 and the Pharmacy Manual. ICBs should work closely with LPCs on integration and implementation and uptake of clinical services.

## What is the role of the ICB pharmacy posts that are being funded nationally?

The role of these posts is to support the integration of community pharmacy and drive uptake of new clinical services within the ICB. The job description is available on [NHSFutures](#).



# Primary Ophthalmic Services FAQs

## What are Primary Ophthalmic Services?

This term covers all NHS-funded eye care services delivered by primary care optometrists or ophthalmic medical practitioners. These services include minor eye conditions, urgent eyecare and glaucoma monitoring, commissioned by CCGs previously. It also includes sight tests that are commissioned through a national framework provided by NHS England and known as General Ophthalmic Services (GOS) which are the services that ICBs have the option of taking on delegated responsibility for from 1 July 2022.

## What is the General Ophthalmic Services contract?

The GOS contract is an any qualified provider (AQP) model that enables contract holders to carry out sight tests for eligible people, and to receive payment for the service provided. The sight test must be carried out by a General Optical Council registered optometrist or General Medical Council registered ophthalmic medical professional and meet certain minimum criteria.

There are two types of GOS contracts – mandatory services (provided at fixed premises, typically a high street optical practice) and additional services (domiciliary or mobile services provided in private or residential/care homes). Contractors can hold one or both types. Contracts are issued and managed in accordance with the General Ophthalmic Services Contracts regulations.

Contractors and suppliers are also able to submit claims for optical vouchers that patients have redeemed with them towards the cost of spectacles or contact lenses.

## Where can I find details of the General Ophthalmic Services commissioning framework?

GOS should be commissioned to meet the policies and procedures outlined in the [Eye health Policy Book](#). Contracts should be issued utilising the [General Ophthalmic Services model contract](#). The framework has been developed in accordance with the [General Ophthalmic Services Contracts Regulations](#).

## How can my ICB keep up to date with General Ophthalmic Services contract developments?

The NHS England central team for optometry commissioning hold regular engagement meetings with regional commissioners and Optometric Advisers. Commissioning teams from ICBs that have taken on delegated responsibility for optometry are invited to join these meetings. The meetings provide an opportunity for policy issues or local concerns to be escalated and discussed at a national level. They also provide a useful feedback and communication mechanism between the central team and commissioning teams. Please contact [england.dentaloptoms@nhs.net](mailto:england.dentaloptoms@nhs.net) if you would like information about this.

## Will ICBs be able to tailor the provision of General Ophthalmic Services in accordance with local population needs?

No, GOS is a national contracting and commissioning framework, based on the GOS contracts regulations, and the contracts give all providers the right to carry out the services specified without restriction or locally agreed enhancements. GOS should continue to be carried out to the previously mentioned standard policies and procedures. Should ICBs wish to provide eye health services for a specific purpose, for example in order to address health inequalities, this should be commissioned in addition to the GOS national contracts.

## Which functions will be carried out by NHS Business Services Authority (NHSBSA) on behalf of the ICB?

NHSBSA will provide support to the ICBs in the delivery of a number of key services as detailed in the Mandated Assistance and Support schedule of the delegation agreement:

- Contract management. End-to-end administration of new contract applications, contract variations and contract terminations
- Contract assurance. Administration of the annual contractor assurance declaration and additional in-depth assurance declaration where appropriate. Provision of assurance reports at ICB and contractor level, supporting further assurance decisions.
- GOS complaints. Administration of the annual GOS complaints survey.

- Pre-authorisation of contractor claims for repairs or replacement of spectacles.
- Post-Payment Verification (PPV). End-to-end process for identifying and verifying GOS claims as part of the national PPV framework. This includes obtaining and reviewing claims and carrying out a financial recovery where appropriate. PPV can also be instigated by the ICB or Counter Fraud.

ICBs retain all approval and decision-making responsibilities for the above service areas. The functions are agreed by NHS England as part of the national commissioning framework for GOS.

## How do ICBs exercise their responsibilities for clinical and contractual assurance processes?

NHSBSA will issue and collate all relevant documentation for assurance processes and submit these to ICBs to approve and follow up. This could include carrying out practice visits and reviewing action plans with contractors. ICBs will need to ensure they have sufficient commissioning and clinical capacity available to carry out these functions.

NHS England are required to manage performers working in their area. This includes optometrists, optometry medical professionals and dispensing opticians. Investigations could be instigated by the General Optical Council or as a result of assurance activities. The work is carried out by Optometric Advisers.

# Dental Services FAQs

## What primary care dental services will ICBs be responsible for commissioning?

Primary care dental services are commissioned using either the 'General Dental Service' (GDS) contract or the 'Personal Dental Service' (PDS) Agreement. ICBs will commission all dental services. Dental services that can be commissioned under the GDS contract and PDS agreement includes:

- Mandatory services (General dental treatment)
- Additional services (Advanced mandatory services, Sedation services, Domiciliary services, Dental Public Health Services, Orthodontic services, Referral services)
- Further services which are not covered by Mandatory services or Additional services.

Examples of Further services includes level 2 Intermediate Minor Oral Surgery and level 2 Restorative services. Level 2 services can be provided within a primary care contract however they require a clinician with enhanced skills and experience due to the complexity of the procedure and or the patient.

## Where can you find details of the dental commissioning framework?

Primary Care dental services should be commissioned to meet the policies and procedures outlined in the Policy Book for Primary Dental Services

Contracts should be issued utilising the GDS or PDS model contract. The framework has been developed in accordance with The National Health Service (General Dental Services Contracts) Regulations and The National Health Service (Personal Dental Services Agreements) Regulations.

## Which functions will be carried out by NHS Business Services Authority (NHSBSA) on behalf of the ICB?

NHSBSA will provide support to the ICBs in the delivery of a number of key services as detailed in the Mandated Assistance and Support schedule of the delegation agreement. These are agreed nationally by NHS England with input from ICBs. ICBs will retain all decision-making responsibilities for any work that NHSBSA undertakes on behalf of the ICB.

- Contract management – end-to-end administration of contract variations and other regional team/ICB support activities;
- Performance management - provide mid and end of year administration process to support regional teams and ICBs and undertake risk-based assurance reviews - PPV can also be instigated by the ICS or Counter Fraud;
- Clinical assurance reviews – provide clinical support and data to assist in monitoring quality of dental services delivered, working in collaboration with regional teams/ICBs to identify and seek to address any concerns;
- Provide data reports to teams defining quantity and service delivery at a contractor level.

## How do ICBs exercise their responsibilities for clinical and contractual assurance processes?

The contractual assurance process includes reviewing relevant documentation relating to concerns and complaints, undertaking contractual reviews, issuing remedial notices, remedial satisfaction letters, enforcement of breach notices and the consequences of termination notices. ICBs will need to review contract performance and to work with contractors that are at risk of delivering below 96% at year end because this underdelivered activity cannot be carried forward.

NHS England are required to manage performers working in their area. The work is carried out by Dental Practice Advisers.

Investigations could be instigated by the General Dental Council (GDC), Care Quality Commission (CQC) or as a result of local assurance activities.