

Commissioning and service development subcommittee newsletter

November 2007

The GPC's Commissioning and service development subcommittee (CSD) met on 7 November 2007; as there is a lot to report on around this policy area at the moment, this newsletter aims to give GPC members, LMCs and the wider GP community an idea of the key issues discussed at the meeting, what the subcommittee's working on, as well as a summary of any relevant developments. Please feel free to distribute this information more widely, to practice based commissioning leads in particular. If necessary, the subcommittee will produce further newsletters in the future.

Practice based commissioning (PBC)

- *Meeting with the Department of Health (DH)*

The Chairman of the subcommittee, Nigel Watson, GPC negotiator, Chaand Nagpaul and Senior Policy Executive, Sally Al-Zaidy met with senior officials at the DH following the subcommittee meeting to discuss various issues around commissioning. By all accounts, PBC is still very much on their agenda and is central to the World Class Commissioning initiative (see below for more detail).

The DH has confirmed that it will not be publishing further guidance on PBC for the time being, apart from possibly a minor clarification on the budget setting process for 2008-09. Therefore the DH guidance issued last year for 2007-08, 'PBC: practical implementation', still stands, as does the related GPC guidance. Hopefully, this will bring a degree of much-needed stability to local implementation of PBC. We briefly discussed the first-quarter results of the DH's PBC survey of GP practices, which we agreed were disappointing, albeit not unexpected. The DH plans to repeat the survey every quarter until improvements are seen. Here is the weblink to the results: www.dh.gov.uk/en/Publicationsandstatistics/Statistics/DH_079895

When asked what would make a difference to the development of PBC here and now, we answered that PCTs should make more decisions, be less risk-averse, give greater clarity on incentives and be judged/judge on outcomes. We also pointed out that some of the stumbling blocks that put off GPs from engaging in PBC, like PCTs renegeing on agreements on freed up resources, were, in the grand scheme of things, actually small issues, which made it all the more frustrating. The DH definitely heard these messages and we plan to continue our dialogue with them by meeting again in a few months.

- *Local incentive schemes (LIS) for 2008-09*

We would encourage LMCs, PBC consortia and GP practices to initiate discussions with their PCTs now on the LIS to be put in place from April 2008.

- *Alignment of strategic and clinical priorities*

CSD members agreed that a major problem with PBC was the uncertainty among practice based commissioners (PBC-ers) regarding SHAs' strategic and clinical priorities. As a result, the priorities identified in PBC plans were often not aligned with those of PCTs, which created tension between the respective parties. However we were informed at our meeting with the DH that it plans to publish evidence-based information on c. 50 'outcomes' in December. PCTs will be asked to chose 10-15 outcomes from this list, by consulting with PBC-ers, patients and the public, and work towards improving their commissioning in these clinical areas over a period of 2-3 years. The DH sees PBC as being integral to the PCT achieving its aims. We hope therefore that this process will provide a solution, at least in part, for the problem of unaligned priorities.

We will let you know as soon as the DH publishes this information and would recommend that LMCs (and PBC consortia) are proactive in contacting PCTs to express an interest in being involved in this process.

- *New guidance on conflicts of interest and probity*

A new guidance note has been drafted looking at how to avoid the potential for conflicts of interest and/or probity issues to arise from the dual role of commissioner and GP provider. We hope to publish the document by early 2008.

- *Guidance: general*

We are aware that there is a lot of guidance on PBC and related subjects, including that produced by this subcommittee. In August, we put together and issued a 'useful weblinks' document, which is available online and lists all DH and GPC guidance; here is the link: www.bma.org.uk/ap.nsf/Content/pcbweblinks

Framework for external support for commissioners (FESC)

As reported previously, the DH officially launched the FESC on 5 October 2007 as well as releasing details of the 14 companies who have been selected to provide services to PCTs under the framework and the 7 PCTs who will be part of the pilot. The subcommittee has contacted the relevant LMCs to ask for feedback on their PCTs' plans for use of the FESC, asking a number of questions including:

- What level of support is being bought in (i.e. a single service, a range of services or an 'end-to-end' package);
- What kind of support is being bought in (i.e. Assessment & Planning, Contracting & Procurement, Performance Management, Settlement & Review or Patient & Public Engagement);
- Whether or not the support could have been provided by PBC consortia if properly resourced to do so;
- Whether the support is anticipated to have a positive or negative impact on the ongoing work of practice based commissioners;
- Whether the LMC, PBC consortia or any other clinicians were consulted on the decision to buy in the support;
- Whether or not any conflicts of interest will arise as a result of other activity that the private sector company is already/may become involved in;
- Whether or not there are any plans to evaluate the pilot.

In our meeting with the DH, we made the point that the FESC must not be another reason for GPs to disengage with PBC by virtue of feeling even more distant from the commissioning process. We therefore suggested that the DH encourages any

PCTs interesting in buying in services under the FESC to seek the views of PBC consortia before doing so and in order to identify where the gaps lay. Although we understand that they will be taking this suggestion forward, there is still room for LMCs and PBC-ers to be proactive in contacting PCTs to express an interest in being involved in this process.

World class commissioning (WCC)

This new initiative is due to be launched by the Department of Health on 3 December 2007. It will consist of 4 main strands as follows:

- Publication of a vision document 'Towards world class commissioning' (the subcommittee has submitted comments on a draft version of this document to the DH);
- Publication of a set of organisational competencies for PCTs (the subcommittee considered a draft version of this document, but did not have any comments to submit to the DH);
- Publication of an assurance framework (again for PCTs), which will cover outcomes, competencies and governance. The assurance framework may include a 360 degree review, seeking the views of PBC-ers and is being tested in a small number of PCTs in the North West SHA from mid-November to mid-January, with a view to going live in April 2008; and
- A Support and Development Programme, involving the NHS Institute and NHS Confederation.

We will be maintaining contact with the DH as the initiative develops, seeking to influence the process and give advice from the GP perspective.

NHS reforms and increased cross-sector dialogue

This is a reminder that a BMA paper was circulated to all LMCs and GPC members in July 2007, outlining some key areas in NHS reform that exacerbate the weaknesses in relationships between primary and secondary care doctors and in order to encourage more cross-sector dialogue. This document would be a useful discussion document for a joint LMC-LNC meeting for example: www.bma.org.uk/ap.nsf/Content/NHSreformcrosssector (log-in required)

Community hospitals and services

Further to the guidance issued by the subcommittee last month, 'Developing community hospitals and services for the future' (see weblink below), we will be writing to the DH to ask for a progress report on the allocation of the £750 million of capital investment in community hospitals announced in July 2006.

www.bma.org.uk/ap.nsf/Content/devcommhospitalsOct07 (log-in required)

Care closer to home (CCtH)

The DH published two reports last month on CCtH, the culmination of its 'Care closer to home demonstration group' set up following publication of the White Paper 'Our Health, Our Care, Our Say' in 2006. Both reports can be accessed online here: www.npcrdc.ac.uk/Evaluation_of_Closer_to_Home_Demonstration_Sites.htm and

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079728

A BMA position statement on CCtH can be found here: www.bma.org.uk/ap.nsf/Content/careclosertohomeOct2007

Prior approval and consultant-to-consultant referrals

A GPC-CCSC guidance note has been drafted; we hope to publish the document by early 2008.

Scotland, Wales and Northern Ireland

Our agenda is largely England-only at present due to the subcommittee's remit and the divergence in policy in the devolved nations. The subcommittee considered written reports from Scotland and Northern Ireland and received an oral report from Kay Saunders on developments in Wales. Here are a few snippets from these reports that are most relevant to the content of this newsletter. In Scotland and Wales (where the focus is more on contracting), there are currently no plans for GPs to become involved in commissioning; Northern Ireland's plans to involve GPs in commissioning from April 2008 have recently been stalled and are now under review. The main policy focus in Scotland at present is 'shifting the balance of care' from secondary to primary care, although implementation of this policy has yet to be decided.