

PBC backchat...

It was good to see many of you at the NHS Alliance Spring Conference at the Kings Fund London on May 17th. Noticeable in particular was the growing proportion of our membership coming from practices and PBC consortia now. We know from our colleagues at Health Direction that there are now over 900 PBC consortia around the country ranging in size from covering 1200 patients to over 350,000!

The trend is for consortia to become larger, and increasingly we are seeing the clear distinction between consortia for commissioning services, and those primarily concerned with new PBC provision, that will be essential for probity in future.

At the spring conference NHS Alliance launched the results of their survey (*Practice Based Commissioning – from good idea to effective practice, NHS Alliance/King's Fund May 2007*) that examines the current state of PBC in England.

A sample of 257 practices and practice managers reassuringly showed 70% in favour of the principles of PBC, but only 30% of practices feel adequately supported by their PCT.

Other key findings were the lack of timely and relevant data still to support PBC, and a general disbelief that the guidance around savings will really be honoured and that 70% of those savings will be made available to practices to commit on local healthcare improvement. Time will tell! The full report is available on the NHTA website at www.nhsalliance.org.

At the conference, and again at a private function with NHS Alliance PBC and PEC leads, the Secretary of State, Patricia Hewitt, reaffirmed the government's commitment to PBC in the light of some rather sceptical comments by other key figures, including

Simon Stevens of United Health Europe recently, in the Health Services Journal.

However there was still lots of feedback from front line PBC staff that some PCTs are still ignoring the guidance around budget setting and top-slicing these for deficit. It was confirmed by the DH lead on Primary Care, Gary Belfield, at the Primary care 2007 conference, that this should not happen unless it has been agreed with local practices, or when the PCT has applied via their SHA to the Department of Health. This, after a PCT chief executive referred to the guidance as a "default", whereas Gary confirmed it should be the starting point for any discussions.

Please report any local difficulties with this to us at office@nhsalliance.org and we will do what we can to clarify any misunderstandings. Federation members should also note a draft letter to PCTs compiled by the BMA and available from their website www.bma.org.uk/ap.nsf/Content/pbcmodelletter that outlines the key agreements that should be secured with PCTs around PBC.

Please be aware though that in some PCTs, who are in extreme deficit, budget setting does pose particular challenges, so local agreements that deviate from guidance may be in your best interests - just make sure these are transparent and democratic! It is not the role of the PEC to sign these off without full consultation of local practices!

The 18 week wait commissioning pathways –the NHS's Best Kept Secret

The 18 week wait target from referral to treatment is the no. 1 priority for the NHS this year alongside financial balance. This is a target for commissioners, so for every PBC consortium it will be a key issue this year.

Few, however, know about the excellent range of commissioning pathways published on the 18 week website www.18weeks.nhs.uk that are ideal to act as templates to redesign local care pathways. They have been co-designed by the RCGP and specialist Colleges and can help facilitate debate where hospital consultants are reluctant to engage.

Go to the website and have a look, or alternatively, look on the NHTA website for a copy of my presentation "*Everything you wanted to know about the 18 week wait but were afraid to ask*".

NHTA and also our colleagues in the Improvement Foundation are keen to support any local PCT or PBC groups in this area – contact us for details.

Dedicated support for the Alliance's PBC Federation

In recognition of the Alliance's commitment to develop and support the delivery of PBC we now have some additional and dedicated support.

Julie Wood, who up until recently was a 'jobbing' PCT Chief Executive in the midlands, has taken up a new part time role with the Alliance as our Director of the PBC Federation and the Chief Executives Transformation Network.

Message from Julie....

Let me introduce myself

I have worked in the NHS for almost 30 years and have always been a very keen advocate of primary care and the essential role it plays within the NHS, having worked within FPCs (and no, I hope I don't look as old as you now might assume am !! ... I started at age 5 – honest !!), FHSA's, Health Authorities, PCGs and latterly PCTs !

I have always been a keen supporter of the NHS Alliance and in a former Director role I was responsible for setting up one of the largest GP locality commissioning pilots in the country, as well as being responsible for implementing GP Fundholding across a large area. As a Chief Executive I fully understood the potential tensions and conflicts between differing aspects of policy implementation and always tried to find ways of achieving a win /win solution to problems ... even when it had the potential to get me into somewhat hot water with my SHA colleagues !!

Having been through more NHS re-organisations than some people have had hot dinners, I chose to take a slightly different career path this time round and focus on where my heart really is ... primary care !!

Coming to work with the Alliance to help support the delivery of something which I believe can deliver real benefits for clinicians and patients alike is therefore very natural but also very exciting !!

I will be working closely with David Jenner to develop the PBC federation and to support Practice Based Commissioners on the frontline. If you want to contact me you can do so via email j.wood@nhsalliance.org or mobile 07909 855325.

I look forward to working with you and meeting many more of you soon.

Julie Wood
PBC Federation and CET Net Director

Issues raised by GPs attending dinner with the Secretary of State 21st May 2007

GPs attending the dinner with the Secretary of State held on 21st May, were invited to put forward issues to raise at the event. The most frequently raised were:-

- **The provision of timely and accurate data for practice based commissioners.** Information on use of services within the PBC budget comes late (normally more than three months), is often inaccurate and where practices have the means to check and challenge the data, PCTs are usually unable to recoup the money owing. The NHS needs a "Stock Ordering and Control System, as used by all large companies.
- **PBC budgets need to be set at levels where there is a realistic possibility of making savings given sufficient effort.** Budget deficits and SHA top slicing have led to widespread top slicing of PBC budgets (against the letter of the national PBC Guidance) and this has de-motivated some practice based commissioners in terms of making any serious effort with their budget. Allowing payment of historic deficits over a longer period (? five years) would help this.
- **The current system of payment is weighted against the commissioner in favour of the provider.** There needs to be a better link between a service being paid for and the provision of proper evidence and information that the service was provided and within the terms of commissioning arrangements made. Again this is standard in the private sector and central direction to encourage local commissioners to institute a much more accountable and more easily checked payment system would be helpful, whereby the provider was paid only after proof of satisfactory completion of service commissioned.
- **Long term commissioning commitments made prior to PBC should be open to challenge and change.** This particularly applies to ISTC contracts, where there is a "minimum take" and this has a significant call on PCT finance and prevents PBC practices from developing new care pathways. The same should apply to any long term arrangements agreed between the PCT and the Foundation Trust prior to PBC.
- **PCTs should be performance assessed as to whether they effectively support PBC.** Various means were suggested. One GP suggested 360 degree appraisal by clinicians of senior managers and directors involved in commissioning. Several emphasised that the results of the practice questionnaire on how well each PCT was supporting PBC (due in July) should be made public.

In terms of GP provision, an issue raised by two GPs concerned the importance of money following the patient, when patients join or leave a GP list. Currently additional patients attract only marginal funding and this could be rectified by increasing the global sum and reducing the correction factor.

Another suggestion was that commissioning should enter the undergraduate and postgraduate curriculum.

PPI in PBC - a minority sport

At the NHA conference, the enthusiasm for redesign was not matched by excitement in PPI. Nonetheless, the guidance on involving local people in redesign is clear and aspects of it are statutory. Large-scale change will need to be seen by the OSCs, so building in PPI early and thoroughly will make applications better and more appropriate.

You will be pleased to know that the NHA is beavering away on your behalf working with the DH to improve arrangements and guidance for the up and coming LINKS. We hope that they can be flexible and inventive and support PBC in positive ways.

Contact us at:

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Tel: 01777 869080 Fax: 01777 869081 Email: office@nhsalliance.org
Website: www.nhsalliance.org

Do PCTs and SHAs Really want PBC to Work?

Another recurring theme at present which I think is fuelled by the uncertainty surrounding the imminent arrival of a new prime minister, and the painfully slow progress on PBC in some areas. I think there are many senior managers in the NHS who are dubious of the will and ability of practices to deliver PBC and indeed some who seem ready like Simon Stevens to write it off before it has been given a chance. There are undoubtedly areas of the country where practices are less keen than others and I think the challenge is clear-be positive and assertive or PBC will be written off and GPs blamed for its failure. Big private companies are already lined up to take on this role under the FESC scheme (Framework for External Support for Commissioning) including big guns like Price Waterhouse Coopers, so decide who you would rather deal with! And remember these commissioners may be invited to commission GMS and PMS as well! For all those of you who can remember the effects of outsourcing on domiciliary oxygen services just think what this could mean!

Survey of Patients Rates Choice of Hospitals as some of least important questions in national in-patient survey

This report from the Picker institute www.pickereurope.org will bring a wry smile to many faces, and underlines the feedback already given on choice, that although it may provide a useful challenge, it is not one of patient's top priorities. Choice of hospital, information informing choice of hospital, and choice of admission times, were ranked as so low in importance as to warrant exclusion from any future surveys!

However, information given by staff on medicines and treatment, and reassurance were of high importance, as well as somewhere safe to keep possessions.

The National in-patient survey was of interest itself showing nearly 80% of patients rated their in-patient experience as excellent or very good – figures that relate closely with feedback for General Practice. See www.healthcarecommission.org.uk.

Commonwealth Fund Rates NHS Top Health Service In Large English Speaking Countries

Yes, its true! But because it is a good news story it only made page 2 of the Financial Times on 21/05/07, and of course the quality of our primary care was mentioned. But waiting times remain an issue even though they are undoubtedly falling. Again this underlines the importance of commissioners delivering the 18 week wait.

nhsalliance Federation of Practice Based Commissioning Practices

PBC Fair Shares Budget Toolkit Health Warning

One of the key policy directions for PBC budget setting is the move to fair shares budgets and these were to be modelled for next year (2008-2009) on a budget setting tool published on the dh website at www.dh.gov.uk/practicebasedcommissioning

However, we have received worrying reports from Ealing and Brent PCTs that this appears to have the effect of diverting resources away from deprived to more affluent areas. Please can you ask your PCT to model this locally and feed back to us whether it seems this tool is fit for purpose. Local fair shared formulae are notoriously unreliable at practice level! We can all remember the Carr-Hill formula for GMS!

Our concerns have already been conveyed to the Secretary of State and we will keep you informed of any developments.

Meanwhile, I suggest you challenge robustly any movement to this "fair shares target" by more than the 1% this year as advocated in the guidance unless you are confident in its local sensitivity. One London PCT we are informed is attempting a 50% swing in this year.

And finally on budget setting, please do let us know if you have not as yet received your indicative budget or incentive scheme. Most PCTs have still not produced these at the time of publication.

Things that might help you!

Over the course of any month David Jenner, Julie Wood and other leading Alliance colleagues speak at a number of events about PBC. In order to help make best use of that time we hope to include, within each month's edition of the PBC federation newsletter, an events calendar so you can see where we are, who is speaking on what, and how to access the event should you wish to.

We will also give you web links to the presentations used at events so you can make use of the material even if you are not there.

We hope you find this new service useful and of course, if you have any suggestions or ideas as to how we can help further, please do let us know!

June/July events

Event	Who/what	When	Where	How to access it
Alliance/Improvement Foundation workshops for Practice managers and for PBC consortia leads	David Jenner / Mo Girach <ul style="list-style-type: none"> Opportunities of PBC Creating an entrepreneurial environment 	Wednesday 13 June – all day	Wolverhampton	www.improvementfoundation-westmids.org – free enrolment
Alliance /Improvement Foundation Practice Managers workshop	Julie Wood – the opportunities of PBC	Thursday 21 June – all day	Sedgefield County Durham	Eloise Glew www.improve.nhs.uk – free enrolment
Alliance /Improvement Foundation event for PBCers and PCTs	David Jenner /Julie Wood	Wednesday 27 June – all day	Newbury Berks	www.improve.nhs.uk free enrolment
Improvement Foundation event for PBCers – the 18 week target – all you ever wanted to know but dare not ask	Julie Wood	Wednesday 27 June - evening	Stansted Essex	
Alliance/Improvement Foundation workshop for locality leads & PBC Project managers – Moving forward with PBC- where do we go from here?	Julie Wood – Where are we now – the PBC journey so far	Thursday 28 June – all day	Birmingham	0161 236 1566 pbcc@improve.nhs.uk – free enrolment by 22 June
Care and Health national commissioning conference – health care commissioning and service re-design .. from policy imperatives to practical implementation	Julie Wood and Claire Old	Monday 16 and Tuesday 17 July	Birmingham	www.careandhealth.com or www.nhsalliance.org discounted enrolment for NHS members
Alliance / Improvement Foundation Practice Managers Conference	David Jenner	Wednesday 18 July	Leicester	www.improve.nhs.uk - free enrolment

Presentations

All are available on the PBC Federation section of the www.nhsalliance.org website

- The 18 week target – all you wanted to know but never dared to ask
- Practice Based Commissioning – Nuts and bolts and future developments
- Practice based commissioning – early lessons & successes

Waves 1,2,3

We continue to work with the wave 1 sites in terms of measures, work with project managers and undertaking the assessment framework. Waves 2 and 3 progressing well. We are running a national training event for all project managers in June as part of integrating aspects of all the waves (following re-configuration of PCTs).

Examples of successes and service re-design through PBC are being put onto the IF website www.improvementfoundtaion.org on a regular basis.

PBC Training for Practice Managers with the NHS Alliance

Following on from the success of the first two events earlier in the year, two further events have been organised for 21st June in Co. Durham and 18th July in Leicester. The events will include sessions on

- Consortia arrangements for the provision of services
- Activity monitoring and coding within PbR and PBC
- Developing robust business cases
- Understanding data and information

PBC Training for Commissioning Consortia Leads with the NHS Alliance

Ten Regional PBC training events are currently being planned/have been delivered with the NHS Alliance and SHAs to develop skills in strategic commissioning, contracting and procurement. To date five events have taken place, two further dates have been set 13 June in the West Midlands and 26 June in South Central with the remaining three to occur later in the year.

PBC Consortia Guide

We have developed with the NHS Alliance and NAPC a guide for developing consortia. This will be available shortly and will be updated in the light of further findings from the consortia events.

PBC days for PCTs

The Improvement Foundation are offering one and a half PBC development days in each PCT. The majority of 1-day PCT workshops commence in May, June and July and planning for these events is well underway. Meetings with CEOs and Directors at the remaining PCTs are currently being set up. All 1-day workshops will be delivered before the end of December 07, and follow-up half days before the end of March 08.

Building PBC capacity through pharmacy

In conjunction with Primary Care Contracting, three regional events have been developed to highlight the opportunities that community pharmacy services can present for redesigning services. These are planned to take place June 28 in Leeds, July 5 in the West Midlands and July 12 in London. Further details and registration are available at the IF website and at www.primarycarecontracting.nhs.uk

Improvement Foundation PBC Website www.improvementfoundation.org

We continue to update our website, in particular with examples of successful service re-design. A CD of PBC resources has been developed and will be distributed to every general practice in England.

The CD brings together a basic introduction to practice based commissioning with up-to-date guidance from the Department of Health, service-based commissioning guides and practical examples from across the country - all in one place. This is intended to be a timely and useful resource for GPs, practice managers, commissioning consortia leads, pharmacists and other practice-based clinical staff.

Webcasts

We have run several web casts on PBC issues targeted at practices. These provide an ideal route to communicate with practices as they are broadcast over a lunchtime period between morning and afternoon surgery. Some PBC groups have come together to watch the broadcast together.

A new series of PBC webcasts are being planned details to be confirmed shortly.