

Hertfordshire Practice-based Commissioning Leads meeting
29th August 2006

West Hertfordshire	East & North Hertfordshire
<u>Dacorum (DacCom)</u> Mary McMinn, PM* Mark Jones, PM	<u>North Herts & Stevenage (Stevenage locality)</u> Tony Kostick, GP*
<u>Watford & 3 Rivers (WatCom)</u> Ian Isaacs, GP Andrew Larkworthy, GP Peter Bodden, PM* Peter Lillywhite, PM	<u>North Herts & Stevenage (North Herts locality)</u> Jeremy Cox, GP* Martin Hoffman, GP
<u>Watford & 3 Rivers (CGC Locality)</u> Tim Airey, GP Nick Foreman, GP Sadhana Kulkarni, GP*	<u>Welwyn & Hatfield</u> Peter Shilliday, GP John Phipps, PM
<u>St Albans & Harpenden</u> Roger Sage, GP*	<u>RBBS & SE Herts (South Locality)</u> Kamal Nagpul, GP
<u>Hertsmere</u> Nicholas Small, GP Ken Spooner, PM*	<u>RBBS & SE Herts (West Central Locality)</u> Mark Andrews, GP Nick Condon, GP
	<u>RBBS & SE Herts (East Locality)</u> Peter Keller, GP*
	<u>RBBS & SE Herts (North Locality)</u> <i>No lead</i>
LMC Peter Graves, Chief Executive* Rachel Lea, LMC/PCT Liaison Manager (Herts)* <p style="text-align: center;">*attended meeting</p>	

Apologies were received from: Mark Jones, Andrew Larkworthy, Peter Lillywhite, Nicholas Small, Martin Hoffman, Peter Shilliday, John Phipps, Mark Andrews, Nick Condon

There were no issues arising from the notes from the previous meeting.

PBC Groups Update

8 out of the 12 PBC groups in Hertfordshire were represented at the meeting, and each gave an update on progress.



RBBS & SE Herts (East Locality) (Bishop's Stortford, Sawbridgeworth)

The group has a meeting with the PCT on 21st September. The initial enthusiasm of practices has waned due to PCT imposed restrictions and targets which have prevented any business plans from being agreed. No practices have signed up to the DES. Contact has been made with Harlow PBC group and there is a possibility that practices will join Harlow to influence commissioning from Princess Alexandra Hospital.

North Herts & Stevenage (Stevenage locality)

All practices have met together; while there is little enthusiasm there is an acceptance that PBC will continue. There is a smaller group of 3 or 4 representatives who work on projects. Dr Kostick as Lead is very much driving PBC forward – no other leaders have come forward, and there is concern that without this leadership PBC would flounder in Stevenage. Future plans are to bring the practices together on fewer sites to provide enhanced primary care services, and to consider forming a limited company to take the practices out of NHS (i.e. all GPs to become salaried employees of the company). Practices are interested in this idea as a way to protect the from competitors, e.g. Tesco.

North Herts & Stevenage (North Herts locality) (Hitchin, Letchworth)

Similar issues to Stevenage, though the practices are not considering leaving the NHS. Practices would like to provide services but there is no money to pay for this. There have been negotiations with the PCT to split the enhanced services money between practices, but differences between areas preventing this being equitable. There is also an issue of a practice with patients in Stevenage wanting to join the North Herts group rather than Stevenage. The PBC group is disputing the PCT's assertion that PBC must be funded from the money that was allocated for managing referral data. Performance figures for the first quarter show a decline in referrals to produce a massive saving, though the practices are not convinced that this is correct. Other PBC groups have received indication of similar savings due to reduced referrals, though Hertsmere's figures showed an increase.

Watford & 3 Rivers (WatCom) (Watford, Bushey)

17 practices are working together to form WatCom. The business plan has been agreed at the PCT Board meeting and the PCT has agreed that 10% of the projected savings in the plan will be made available to fund the implementation of the plan, to be paid monthly. WatCom is focusing on urgent and unscheduled care (led by Jeremy Shindler). A limited company has been formed for commissioning but not yet for provision. WatCom will be in discussion with CGC locality group which is focusing on provision of services. WatCom will be asked to commission services for those practices in Watford that have chosen not to be involved in PBC. The role and involvement of the two PCT run practices in Watford was queried: Meadowell is to be put out to tender as an APMS at a reduced contract price and those bidders who have already passed the PQQ stage will be asked if they wish to continue at the reduced price. This has not yet been discussed at a WatCom meeting. Pathfinder Practice is to go forward as a PMS practice.

Dacorum (DacCom) (Hemel Hempstead, Tring, Berkhamstead)

There is some overlap with Watford as the PCTs work in a strategic alliance (dominated by Watford). The business plan has had to fit with the PCT recovery plan, and the agreed plan will assist in some of the FRP targets. The plan has been agreed at the PCT Board with an additional statement included about patient participation. The first part of the DES money has been paid, with a part retained for the payment of DacCom invoices. Executive members are excited and enthusiastic about the projects, e.g. urgent care and outpatients. The PBC group is exploring the possibility of taking over outpatients in order to save Hemel hospital from

EXECUTIVE PRACTICES'

closure. However, the PCT has employed a private management consultant to take on the director of commissioning role who now seems to be working (without consultation) on all the projects in the PBC plan. Practices have been involved in validating data on follow ups and frequent fliers, much of which did not seem a good use of time.

Hertsmere (Radlett, Elstree, Borehamwood)

All practices in Hertsmere are involved in commissioning, and 7 of the 9 are involved in the separate provider group, producing bids for CATS services that are out to tender. The main current issue is that all practices have been given their current budget and what it would be if fair shares was applied, and this has revealed some huge differences (e.g. a practice with 5,000 more patients than another would receive £1m less in their budget). Data has been provided for the first quarter of the year, and there are serious doubts about its validity and the capacity for practices to validate it. Performance data showed an overspend on the first quarter which is a major disincentive for practices. Practices will be looking at referral rates. It was pointed out that high referral rates could be interpreted in three ways (as a result of incorrect data; as a sign of good management; or as a sign of incorrect referral patterns) and that practices and PBC groups need to be open to all these possibilities when looking at their data.

Watford & 3 Rivers (CGC Locality) (Chorleywood, Rickmansworth)

This group of three practices working together has just heard that its business plan has been agreed by the PCT, and the practices have not met together since then, so there is not much to report at this stage.

St Albans & Harpenden (StarCom)

All 13 practices are working together and setting up a commissioning Public Interest Company to be called StarCom. There is currently a successful out-of-hours co-op called StarDoc working in the area and it is proposed to expand this role to take on a provider role and to act as an umbrella organisation for GP providers. The PCT has imposed CATS to save money, with 13 CATS to be established by the end of the year. Consultants had been led to believe that the GPs supported this, and the GPs had been told that the consultants were keen, but a meeting of consultants and GPs (at which managers were excluded) exposed this not to be the case. The meeting has generated a lot of good will between clinicians to work together on referral management and improving clinical pathways, and a second meeting is planned to take CATS forward. The PBC business plan has focused on data collection as there is little faith in the data being provided from hospital trusts. The Practice Managers group has been very active in data validation. The PCT proposal to close beds at Harpenden Memorial Hospital has been withdrawn following local GP opposition. There is concern about what support and interest for PBC there will be in the new PCT after October.

THE NEW WEST HERTS PCT HAS VOTED TO CLOSE THIS AT THE

Strategic Health Authority – LMC Update BOARD MEETING ON 29/11/06

Peter Graves (with the CEOs of the other LMCs in East of England) met with Pearse Butler, Interim Chief Executive of the East of England Strategic Health Authority. Pearse made it clear that the new PCTs will be performance managed against commissioning and will be pressurised to divest their provider role over time. PBC groups will be expected to tender for the provider role. PCTs will be expected to engage with PBC groups and GPs.

Peter Graves also met with Anne Walker, Chief Executive of West and East & North Herts PCTs. She gave a similar message about the paramount importance of PBC, and the need to engage closely with GPs. However, some GPs at the meeting expressed their concern that this commitment to GP engagement is not reflected in practice, phone calls have not been

returned, and the transitional team plan has been very internally focussed on structure and has not involved GPs at all.

It was agreed that the LMC will set up a meeting between the PBC Leads and Anne Walker at the earliest opportunity, and will also invite the Director of Commissioning from the StHA.

Action: LMC to set up meeting with Anne Walker

Further issues for discussion

Management support

The need for good management support for PBC had been raised by several groups. WatCom has agreement from the PCT for funding for management costs for a Chief Executive. This was seen as a "chink in the armour" for other PBC groups to negotiate management costs.

Quadrant working

It was suggested that PBC groups could work together on a quadrant/new PCT basis to exert more influence on the acute trusts. This is already happening in East & North Herts. It was agreed that for the time being the PBC Leads meeting will continue to be county-wide.

Data collection

The StHA is in negotiation with Dr Foster over purchasing its data system for the whole of East of England. Some PBC groups would prefer different systems such as the HISS version of MIDAS. It was agreed that PBC groups should be able to choose their own data management systems.

Demand management and CAS

It was reported that in East & North Herts, patients are being discharged from outpatients and GPs told to refer again (as a new referral) if follow up is needed. This is because the hospital trust is being told to reduce the number of follow-up appointments per new referral. This will have significant cost implications for PBC groups. The LMC is collating issues such as this, and problems relating to CAS and CATS. Tony reported that at a Quadrant-wide PBC meeting in East & North Herts it had been agreed that CAS would become an administrative system (including implementing Choose & Book) and the locality groups would take on the clinical role of triage etc. There is a problem with the hospital trusts changing what services are provided or what referrals will be accepted (depending on their capacity and ability to hit waiting time targets), which makes it impossible for PBC groups to plan and interferes with patient choice.

It was agreed that the LMC will arrange a meeting for PBC Leads to meet with the leads of the GP-run referral management system in Kingston.

Action: LMC to arrange meeting with Kingston Co-operative Initiative

Concern was expressed that the clamp down on consultant-to-consultant referral was leading to delays for patients. It was agreed that discussions between consultants and GPs should continue and Tony will look into setting up a clinicians group in East & North Herts.

Financial deficit

There is some concern that after October 1st, under the new PCT structure, savings made in one part of Hertfordshire under PBC may be used to off-set deficits in another part. The LMC was urged to take a stand on this.

Training needs

The LMC is organising a training workshop on the tendering process for PBC groups. Peter Bodden will send some information received from another StHA area about training needs for practices in PBC. If PBC Leads identify other training needs the LMC is willing to consider organising training as necessary.

Actions arising

- 1. LMC to organise a meeting between PBC Leads and Anne Walker and Director of Commissioning from the StHA as soon as possible (September)**
- 2. LMC to organise a presentation from Kingston Co-operative Initiative for PBC Leads**
- 3. The next meeting of the Herts PBC Leads will be arranged for October/ November**
- 4. Information will be circulated on the Herts PBC Leads listserver**