# **NAPC**

Dr RHIDIAN MORRIS

	DOH	DOH	DOH	
SHA				RHA
	GENERAL PRACTICE	COMMUNITY	HOSPITAL CARE	
PCT				HA/FHSA
	TERRITORY	TERRITORY	TERRITORY	

## **LESSONS**

CHOICE

COMPETITION

■ PBR

#### KAISER

- CLINICAL OWNERSHIP
- CLINICAL/ MANAGEMENT PARTNERSHIP
- CONCENTRATION ON CHRONIC DISEASES
- DATA
- NO STRUCTURAL DIVISIONS

#### FUNDHOLDING LESSONS

■ PRESCRIBING DOWN 6%

REFERRALS DOWN 4%

■ MORE SERVICES IN COMMUNITY

■ USE OF PRIVATE SECTOR UP

## FUNDHOLDING LESSONS

■ INCREASED INNOVATION

BETTER THANLOCALITY COMMISSIONING

■ BETTER THAN HA COMMISSIONING

# THE REFORMS

CHOICE

■ PBR

PBC

# THE TOOLS

PMSPLUS

□ GMS2

SPMS

APMS

## CREATING CHANGE

- UNDERSTAND
- EXPLAIN
- **LISTEN**
- RESPECT
- ENGAGE
- INCENTIVISE

# SH&WD PCT

 HISTORICAL BUDGETS MOVING TO EQUITY OVER THREE YEARS

SAVINGS

LIST BASED FORMULA

ONLY APPLIES TO PBR

- QOF TYPE POINTS APPROACH
- ATTEND COMMISSIONG EVENTS, ACCEPT ADVISERS, DO AUDIT
- REDUCE EMERGENCY ADMISSIONS
- INCREASE INNOVATION
  PSI/NEW SERVICES/NEW WAYS OF WORKING

■ UNDERSPEND ON BUDGET

**GROWTH RATE OF BUDGET** 

PLANNING AND MANAGEMENT

PBC PLAN

DATA VALIDATION

CARE PATHWAY REDESIGN
 EMERGENCY ADMISSIONS
 MULTIPLE ADMISSIONS
 A&E ADMISSIONS
 GP REFERRALS
 CLINICIAN TO CLINICIAN
 INVOLVEMENT

■ FINANCIAL PERFORMANCE

SLIDING SCALE FOR UNDERSPENDS ON BUDGET FOR UP TO 5%

## DATA

- TRACK COST OF BUDGET, SPECIALITY, HOSPITAL, PATIENT
- COMPARATIVE DATA OF PRACTICE FOR REFERRALS, CONVERSION RATES, EMERGENCIES, MULTIPLE ADMISSIONS, A&E ATTENDANCES
- DATA TIMELYNESS

#### **ADVISERS**

- THE CREATION OF A CLINICAL/MANAGEMENT PARTNERSHIP
- COMBINING GPs INNOVATION AND PATIENT SENSITIVITY WITH THE MANAGERS EXPERTISE AND STRATEGIC APPROACH