

Practice Based Commissioning

Uttlesford *..... the Story So Far*

Wave 2 PBC Training 29 June 2006

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Uttlesford PCT



- 1st Wave PBC Pilot Site
- Population – 78,000
- 11 GP Practices
- Rural but with growth
- Lowest quartile for per capita spend on healthcare
- Community Hospital
- Complex referral patterns
- Border issues!!
- Merging to Form West Essex PCT

Principles Underpinning Pbc in Uttlesford

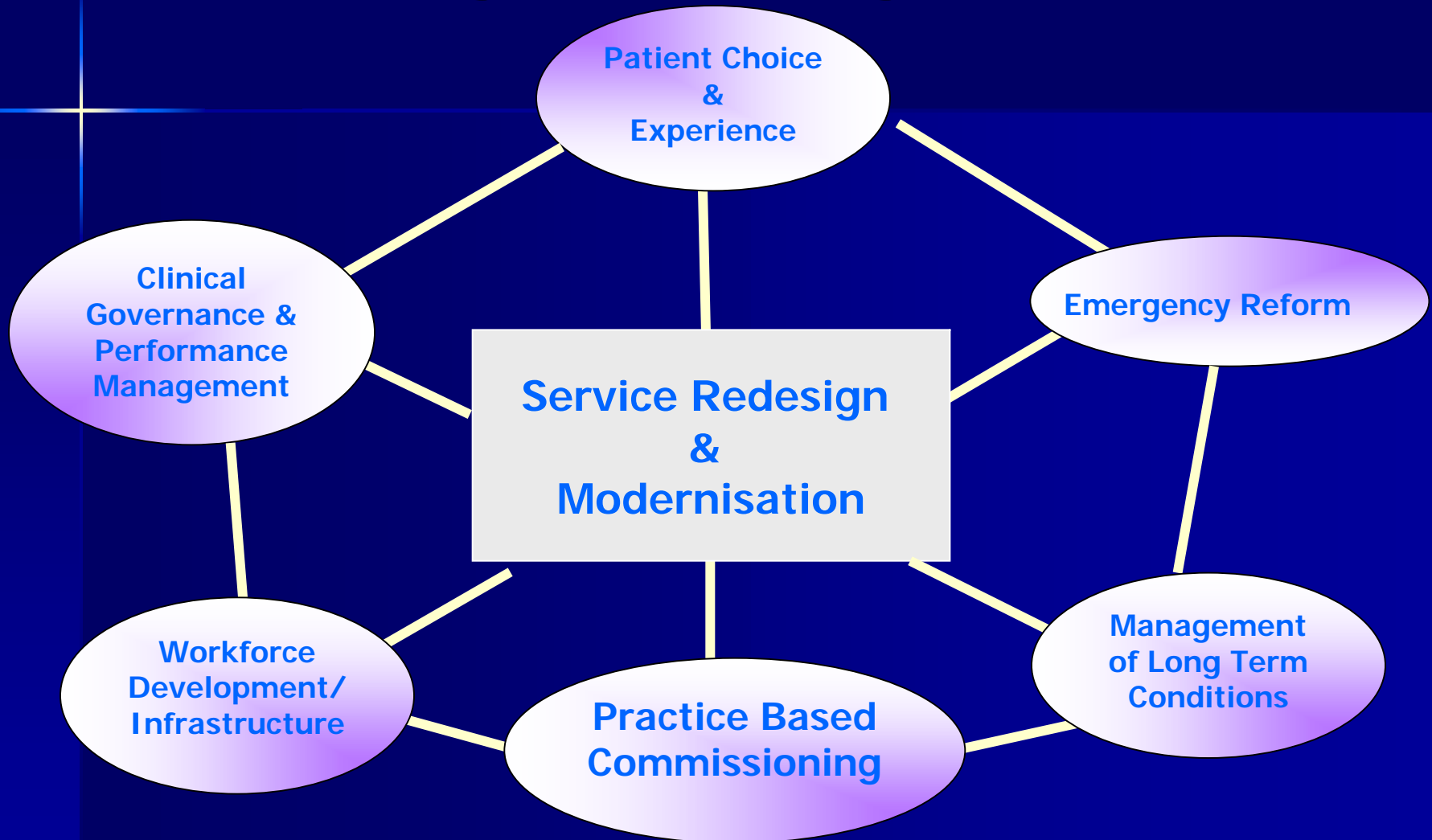
- Locality Commissioning Group and the PCT must work in genuine partnership.
- Resources devolved to the most appropriate level to improve efficiency, recognise economies of scale and to the point where clinicians have the greatest influence on utilisation of available resources.
- Patients must be able to exercise choice
- No real or perceived conflicts of interest
- Patients and local communities are involved in the planning and decision making process for the use of budgets
- Should support the development of local services
- PBC should be transparent, fair, equitable, pragmatic and sustainable

Aims & Objectives of PbC in Uttlesford

PbC will contribute to the achievement of:

- The achievement of all national and local planning targets
- The improved management of long term conditions and the introduction of pro-active case management
- The reform of emergency/unscheduled care
- The re-design of patient care pathways and the extension of patient choice
- The development of local services

Integrated Agenda



What Are We Trying To Achieve via PBC ?

- Better outcomes, experience and choice for patients
- A&E and emergency admission avoidance
- Reduced lengths of stay
- Integrated chronic disease management
- Proactive case management of complex patients
- Referral management

What Are We Trying To Achieve?

Cont/d...

- Improved prescribing & medicines management
- Workforce development – specialist interests vs. generic roles, skill mix etc.
- Primary care professionals recognition - strengthened interface of care between health and social services
- Improved co-ordination of care between primary and secondary care

Developing Locality Commissioning Groups

Initially : 2

..... North & South

Moving towards: 1

Developing Locality Commissioning Groups ...contd

- Initially 2 to reflect Referral Patterns

But : ...

- Duplication of : Agendas, Service Redesign Areas,
General PBC Discussions, Attendees, etc

Plus :

- "Safety In Numbers ' !
(linked to PCT reconfiguration)

But :

- Enabling Local Discussion & Developments When
and Where Necessary

Clinical Engagement



Engaging GP Practices & Clinicians

Implementation underpinned by 3 services agreements:

- Enhanced service agreement to support clinical engagement in PBC and the validation of inpatient /outpatient activity
- A Primary Care Incentive Scheme aimed at rewarding practices for the management of long term conditions and their engagement in case management.
- A Hospital Incentive Scheme aimed at rewarding practices for appropriate demand management

NB. All 3 should be seen as a package to resource and reward practices engagement !

What do we spend as a PCT?



£76 Million
or
£990 per Head
of
Population

What is it spent on?

Commissioning	£49,643,165	65%
PCT Provider Services	£ 4,582,446	6%
General Practice	£ 9,928,633	13%
Prescribing	£10,692,374	14%
Other	£ 1,527,482	2%
Total	£76,374,100	100%

(Based on 2003/04 Accounts)

Opportunity of PBC ...

- ❑ If each of our 11 practices avoided just 1 admission per week =
- ❑ £ 0 . 5 m for reinvestment in local services
- ❑ Secondary to primary care shift can become a reality!!

Service Redesign Areas

- Respiratory Nurse Specialist
- E C P Scheme
- GPwSIs – 1. Cardiology + 2. Dermatology
+ 3. Endoscopy + 4. Gynaecology
- Sexual Health Service / GUM
- Carpal Tunnel Syndrome Project

Things to consider...



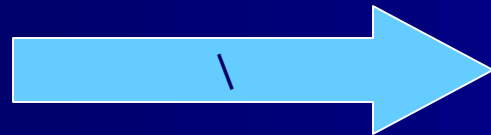
The Challenges



Internal engagement



PCT reconfiguration



Financial pressures

POSITIVES re Nation Involvement



- Self Assessment Framework
- Learning from others (not reinventing the wheel)
- Sharing with others (optimising the benefits from our own efforts)
- ..and of course...



Support from the I F !



Some Potential Risks

- Too much GP focus... MUST include:
 - Nurses (practice & community)
 - AHPs
 - Voluntary Sector
 - Partner Agencies...LSPs
 - Patients / Carers / Public
- Raising false hopes for GPs and broader community.
- Stifled innovation ... too much bureaucracy



Partnership Working & PBC

- *.... more than just Acute Services issues*
- Local Strategic Partnerships (LSPs)
- Local Area Agreements
- Crime & Disorder Reduction Partnerships
- Working with the Community & Voluntary Sector ... 2 way process :
 - a. ' Needs Assessment '
 - b. Service Provider (link to Service Redesign)

P B C

- It's not rocket science !
- It's not all new !



Keep it Simple!



- Do small things well
- Get early successes
- Prepare to get it wrong
- Always have an EXIT strategy !



Similarities with Good PCT & PCG Commissioning ?!

- For example :
 - Clinical Involvement
 - Public & Patient Involvement
 - Business Planning
 - Service Modernisation / Redesign
 - Contract Setting & Negotiation
 - National Must Dos



..... *Learn from the Past – mistakes & all !*

THE END



Any questions ?