

PBC Framework & PBC LES: actions expected from practices & DacCom

GPs are expected to:

- take responsibility for commissioning and its day to day challenges
- maximise their involvement as the key co-ordinator of patient care
- spend at least 2 hours per month on the actions detailed in the next section

Practices are expected to:

- Help DacCom to commission better and more cost effective patient care by:
 1. Spending time with patients to retain them in primary care (where appropriate)
 2. Reading communications from DacCom
 3. Participating in discussions to develop a commissioning plan
 4. Implementing action agreed by DacCom (as appropriate)
- Collect, report and validate clinical and non-clinical information, so as to understand resource commitments being made, and act on this information. The monthly reports from practices to show:
 1. Referrals made by the practice for elective and unscheduled care
 2. Validation of HIDAS activity, reported to the practice, for elective and unscheduled care
- Successfully manage their indicative budgets to ensure best use of resources

DacCom is expected to:

- ➔ Achieve the highest operating level within PBC Framework (Level 3)
- ➔ Demonstrate good governance of PBC by:
 - Formal agreements between 90%+ practices in DacCom to progress agreed action
 - A formal agreement between DacCom and the PCT
 - An elected Executive actively managing PBC and held to account by the wider membership
- ➔ Demonstrate provision of high quality and accessible primary care services by:
 - Latest QOF scores 900+ for 90% of DacCom practices
 - 50%+ practices providing Extended Hours DES
 - Plans in place to develop more accessible urgent primary care services across the PBC group
 - Evidence of joint working with community pharmacists to develop enhanced services e.g. minor ailments
- ➔ Ensure high quality, cost-effective prescribing by:
 - 90%+ of practices meeting EoE prescribing indicators
 - 80% of practices meeting PCT prescribing indicators
 - PCT pharmacist a full member of the DacCom Executive
 - GP lead attending Medicines Management and West Herts Joint Prescribing Group meetings
 - DacCom Prescribing Subcommittee includes LPC representative
- ➔ Ensure referrals to other services are appropriate and ensure active secondary care demand management by:
 - Collective action taken by practices to manage secondary care demand
 - Systems in place to scrutinise referral levels by individual practice with agreed action plans
 - Evidence of demand being successfully managed by 75%+ of practices through individual or collective action
 - Evidence that patients are managed through agreed care pathway approach
- ➔ Achieve effective collaboration with partner agencies and patients by:
 - DacCom Executive includes a senior manager seconded from the PCT, a nurse representative and a patient representative
 - A patients' forum has been identified to link into DacCom and regular meetings are scheduled with the DacCom Chair
 - Subcommittees are in place with objectives which have been agreed with representatives from at least two partner agencies and the local DacCom Patients Group
 - Regular meetings are scheduled between the GP leading on medicines management, the DacCom Chair and the LPC representative
 - Regular meetings are scheduled between DacCom leads, the lead pharmacist for pharmacy contractor development and the LPC representative
- ➔ Demonstrate responsibility and accountability by:
 - DacCom Chair, with senior PCT management support, meets regularly with the Chair of the PBC Governance Subcommittee to report progress, along with other PBC Chairs of localities at level 3
 - DacCom Chair attends the PBC Governance Subcommittee when presenting business cases setting out proposed changes
 - DacCom has clear agreed processes to ensure effective collective action is taken if PBC plans drift from targets