



Practice based  
commissioning  
and 18 weeks:

how to create  
**WIN-WINS**





Together we can call time  
on hospital waiting lists

**As a practising GP in Runcorn for more than 30 years, I have seen many changes in primary care. Many of us specialise in particular aspects of medicine, and the nurses, midwives, therapists and pharmacists who make up our clinical teams have similar skills which the public value. Both as providers and practice based commissioners we have the opportunity to use these skills across the clinical team more effectively to ensure people get the right level of care, in the right place, at the right time.**

Primary and secondary care clinicians can together forge strong partnerships to deliver better care for patients. 18 weeks is not just a target, but a means of ensuring that patients have quicker investigations and treatment. This is not just beneficial to practices, but to patients and their families – and what we would want for our own relatives, after all.

Many of the mechanisms to achieve 18 weeks also potentially give a savings benefit to practice based commissioners. By redesigning services to divert those who do not need to go to

hospital, patients can be treated more locally, and the capacity of specialists in secondary care to treat complex referrals more quickly is increased.

Inside this leaflet you will find a couple of examples to give you a flavour of how commissioning can work effectively across the whole patient pathway, helping to end waiting and change lives.

These are just two examples. There is a wealth of information and support to help you create the right environment for commissioning locally and to play your part in delivering the challenges that today's NHS presents.

A handwritten signature in black ink, appearing to read 'David Colin-Thomé'.

**Dr David Colin-Thomé**

National Clinical Director for Primary Care and 18 weeks  
Department of Health

# Case study 1

Two localities in Southampton implemented a new diabetes model in June 2006 using an SPMS contract. The multidisciplinary community team is supported by a consultant in diabetes care, jointly appointed by the Southampton University Hospitals Trust and Southampton City PCT.

Early results show that waiting times for a first hospital outpatient appointment have reduced from 9–10 weeks to 3–4 weeks, generating more time to ensure that all patients receive appropriate treatment within 18 weeks. New referrals for acute trust diabetes care have halved, allowing hospital care to be focussed on patients with more complex needs. The service is receiving good feedback from patients.

The ratio of new to follow-up appointments for referred patients has dramatically reduced from 1:11 to 1:1. This is due to the service specification which includes rapid discharge back to management by general practice (supported by the specialist diabetes team).

Early lessons learnt include identification of additional training needs for GP practices, and focusing diabetes specialist nurse support across localities rather than larger areas.

Patricia Crates, Practice Manager, Chessel Practice, Southampton  
patricia.crates@gp-j82101.nhs.uk

# Case study 2

An extended primary care gynaecology service has been developed and commissioned by the South Manchester practice-based commissioning group following talks between primary and secondary care clinicians.

A South Manchester GP was identified as clinical lead and was supported by the PCT to:

- Perform a referrals review (to identify potential scope)
- Develop clinical engagement with secondary care and others
- Lead the development of the service specification
- Agree the service specification with all practices in the consortium
- Work with the PCT on the business plan

The 'one stop' clinic service, which opened in April 2006, focuses on those high volume areas that are easily treated in a primary care setting. Delivered by a GP with special interests over four sessions, it includes daily electronic triage, support for GP colleagues with up-to-date advice, and liaison with secondary care. The service treats patients within two weeks and does not delay the total pathway for those who need to see a consultant in secondary care.

At least one third of all gynaecology referrals are now seen in the extended primary care setting, which means that secondary care clinicians have capacity to focus on more complex patients – a win-win for everyone.

Nicola Baker, Associate Director of Commissioning (south hub), Manchester PCT  
nicola.baker@manchester.nhs.uk

## Department of Health contacts and resources:

18 weeks implementation resources

Website: [www.18weeks.nhs.uk](http://www.18weeks.nhs.uk)

Email: [18weeks@dh.gsi.gov.uk](mailto:18weeks@dh.gsi.gov.uk)

End waiting, change lives communications resources

Website: [www.18weeks.nhs.uk/endwaiting](http://www.18weeks.nhs.uk/endwaiting)

Email: [endwaiting@dh.gsi.gov.uk](mailto:endwaiting@dh.gsi.gov.uk)

Practice based commissioning resources

Website: [www.dh.gov.uk/Practicebasedcommissioning](http://www.dh.gov.uk/Practicebasedcommissioning)

Email: [pbcc@dh.gsi.gov.uk](mailto:pbcc@dh.gsi.gov.uk)

## Improvement Foundation contacts and resources:

Eloise Glew

1st Floor, Gateway House

Piccadilly South

Manchester, UK

M60 7LP

Tel: +44 (0)161 236 1566

Email: [pbcc@improve.nhs.uk](mailto:pbcc@improve.nhs.uk)

Website: [www.improvementfoundation.org](http://www.improvementfoundation.org)

## NHS Institute for Innovation and Improvement

Better care, better value indicators

Website: [www.productivity.nhs.uk/index.asp](http://www.productivity.nhs.uk/index.asp)

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