

**REPORT TO THE PBC GOVERNANCE COMMITTEE
TO BE HELD ON: 9th June 2010**

Enclosure:	14				
Subject:	PBC Plan				
Lead Director:	Sue Price				
Lead Officer:	Gill Killbery / Rebecca Woods				
Recommendation:	For Approval	x	For Discussion		For Information

PURPOSE OF THE REPORT:

The report is to fulfil part one of the PBC LES to describe the delivery plans for PBC in East Staffordshire.

KEY POINTS:

The following document details the work practice based commissioners will undertake in 2010/11. The plan is wide ranging, including some large and smaller scale projects, which will contribute to the QIPP agenda.

This document is categorised into the main QIPP themes and highlights where the work will help to achieve the World Class Commissioning competencies.

CORPORATE OBJECTIVES:

1 (world class commissioning), 8 (transformational change programmes) 9 (good financial health)

RESPONSIBLE COMMITTEE:

NAME:

APPROVED at cmte: YES/NO

Date of Cmte:

IMPLICATIONS:

Legal and/or Risk	Risk of not agreeing this plan would mean that PBC has no clear structure to move forward with redesign projects
WCC	All competencies to some degree. Please see final page.
Patient Safety	Will be considered within each detailed plan
Patient Engagement	All plans will be discussed with the district PPG. Westgate have discussed plans on their 'virtual' PPG. More in depth engagement may be needed for individual projects.
Financial	Contribute to financial recovery through a reduction in secondary care activity
Sustainability	Patients receiving care closer to home

PBC	This is a PBC led plan
Workforce / Training	Implications will be outlined within each plan

RECOMMENDATIONS / ACTION REQUIRED:

The committee are asked to: consider this plan and agree that it meets part one of the PBC plan

South East Staffordshire Commissioning Plan for 2010/11

1. Background

This document details the plan for East Staffordshire. The plan includes new projects and some projects which began last financial year. Practice based commissioners in East Staffordshire are aware of the QIPP agenda and the plan clearly fits with this agenda. The document is structured to highlight the QIPP work stream to which each project links.

The final section of the document includes a grid highlighting where the plan helps the PCT to achieve world class commissioning competences.

2. LES structure for ESPBC consortium

The consortium have submitted a draft PCT LES to PBC Governance Committee on behalf of the member practices. Each practice will be asked to sign the LES which contains details of practice specific actions. The practices will be paid based on those actions which it fulfils throughout the year.

3. QIPP areas of work for ESPBC consortium

Project	Overview of work stream	Anticipated outcome (focus on activity)
1 Prevention		
Infant mortality	Working in partnership with local council and voluntary sector to address anti and post natal issues within the district	Increase assistance available, with the expectation of fewer teenage pregnancies and fewer infant mortalities.
Exercise	Review of current exercise delivery across health and council. Focus of health delivery on clinical conditionals management	Resulting in control / reversal of symptoms avoiding acute interventions.
1b Medicines Management		
Medicines interaction with Acute Hospitals	Follow up of mini audit carried out in 2009/10 re quality of medicines information into and out of BHFT.	Reduce clinical risk, reduce patient journey. Improve communications
Structured approach to changing medication	Where it is highlighted by the consortium that a practice could make savings from changing patients to different drugs with the same outcome, practices will be asked to make that change - in line with the Prescribing LES.	Reduction in prescribing costs for those drugs where 'changes' have been highlighted
2 LTC		
Risk stratification	Practices will release information to identify high risk patients. This information will be used to develop local services and focus activity.	The data release itself will not affect admissions but the development of local services may help to reduce admissions for identified patient group.
Glaucoma	Review of the pathways for ophthalmology, making best use of both community and acute services.	Future value of money.
Integrated teams	The consortium are committed to working closely with the provider arm to develop neighbourhood teams and care at home teams linking with the proposed HUB under the COH programme	Reduction in admissions for 'frail older people' and those with long term conditions
3 Urgent care		
Single point of access	Development of the HUB to help implementation in year and to support a 'virtual ward' through tele-health.	Admissions avoidance however this will be difficult to separate from the A&E activities. Virtual ward will help reduce admissions and facilitate better discharge.
Cardiac rehabilitation	Pathway redesign to improve efficiency and effectiveness of	Reduction in acute activity

	community services in the delivery of phase 3 rehabilitation.	
Pulmonary rehab	Final stages of service implementation to provide robust community service in ES	Reduction in non elective admissions
A&E front end	Development of a new system for care of current A&E attenders at BHFT	Reduce A&E attendance and admissions
5 Planned care		
New to Follow up ratios	To work with BHFT to ensure N : FU ratio is as streamlined as possible while still giving a safe patient pathway. Initial specialities include cardiology, General surgery, Clinical Haematology, Rheumatology, Orthopaedics	Reduction in follow up appointments.
C2C	Work with BHFT to ensure implementation of the PCT policy on C2C's	May reduce new activity.
Dermatology	Develop service specification for community based service. Including possible premises, provider education, involvement of telemedicine and referral guidelines.	Reduce acute dermatology activity.
Speciality specific referral audits	Auditing referrals from practices which are identified as outliers for their referral rates	Potential to reduce cost if the 'outliers' referrals are deemed inappropriate
Orthopaedics	Redesign the pathway through primary, Community and Secondary care including physiotherapy	Possible reduction in whole pathway costs over time
	Ensure correct use of current contracts and pathways utilising TC and community services.	Possible reduction in pathway costs.
Service specifications	Review service specifications for activity currently carried out at TC in preparation for new contractual period.	Best value service to be commissioned from current TC contract end date.
Procedures of limited therapeutic value	Using acute services feedback loop to reduce the volume of activity rejected by BHFT due to being outside the PCT's clinical policy for treatment.	Reduce referrals
6 Reducing IP admission/Excess Beddays		
End of life care	Develop a coherent palliative/end of life pathway	Increase a range of services to ensure patients can die in their preferred setting.
7 Mental Health		
Introduction of primary care mental health workers	Ensure implementation and further development of PCMHW.	Reduced call on acute MH services.

5 WCC competences met through plan

World Class commissioning competencies

1. Recognised as the local leader
2. Works collaboratively with community partners to commission services that optimise health gain and reductions in health inequalities
3. Proactively seeks and builds continuous, meaningful engagement with the public and patients to shape services and improve health
4. Leads continuous and meaningful engagement of clinicians to inform strategy and drive quality, service design and resource utilisation
5. Undertakes robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements
6. Prioritise investment according to local needs, service requirements and values of the NHS
7. Effectively stimulates the market to meet demand and secure required clinical and health and well being outcomes
8. Promotes and specifies continuous improvements in quality and outcomes through clinical and provider innovation and configuration
9. Secures procurement skills that ensure robust and viable contracts
10. Performance manages providers to ensure contract compliance and continuous improvements quality and outcomes
11. Demonstrates excellent financial management

ES PBC	1. Local leader	2. Working with partners	3. PPI	4. Clinical engagement	5. Needs assessment	6. Prioritise investment	7. Stimulate the market	8. Improving quality	9. Procurement	10. Performance management	11. Financial management
Prevention											
Infant Mortality	✓	✓	✓	✓	✓	✓		✓	✓		✓
Exercise	✓	✓	✓	✓	✓	✓		✓			✓
Medicines Management											
Interaction with Acute Hospitals	✓	✓		✓				✓			
Change in medication				✓		✓		✓		✓	✓
LTC											
Risk stratification					✓						
Glaucoma monitoring	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Integrated team	✓	✓	✓	✓	✓	✓		✓		✓	✓
Urgent care											
Single point of access	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Pulmonary Rehabilitation		✓		✓	✓	✓	✓	✓	✓	✓	✓
A&E front end	✓	✓	✓	✓	✓	✓		✓		✓	✓
Planned Care											
New to Follow up ratio	✓	✓		✓		✓				✓	✓
C2C		✓		✓						✓	✓
Dermatology	✓	✓		✓		✓	✓			✓	✓
Speciality specific referral audits				✓				✓		✓	✓
Orthopaedics	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Service specifications	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Procedures of limited therapeutic value				✓		✓					✓
Reducing inpatient admissions											
End of life care		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mental Health											
Introduction of primary care worker	✓	✓	✓	✓	✓	✓		✓		✓	✓