

**REPORT TO THE PBC GOVERNANCE COMMITTEE  
TO BE HELD ON: 9<sup>th</sup> June 2010**

<b>Enclosure:</b>	11				
<b>Subject:</b>	Featherstone practice 10-11 PBC LES Part 1 and PBC plan				
<b>Lead Director:</b>	Mark Powell				
<b>Lead Officer:</b>	Liz McCourt				
<b>Recommendation:</b>	<b>For Approval</b>	x	<b>For Discussion</b>		<b>For Information</b>

**PURPOSE OF THE REPORT:**

High level summary of Featherstone practice PBC work plan areas for 10/11 that demonstrates compliance with QIPP targets.

**KEY POINTS:**

Featherstone PBC work areas include case management, risk stratification, medicines management, and implementation of public health 5 year plan, assistive technology and primary care mental health.

**CORPORATE OBJECTIVES:**

CP12, CP9 and CP5

**RESPONSIBLE COMMITTEE:**

NAME:

APPROVED at cmte: YES/NO

Date of Cmte:

**IMPLICATIONS:**

<b>Legal and/or Risk</b>	None
<b>WCC</b>	1,2,3,4,5,7,8,9 and 11
<b>Patient Safety</b>	All commissioned services/changes will be compliant with CQC and best practice.
<b>Patient Engagement</b>	Featherstone are currently setting up a panel group whereby all work areas in particular around End of life, "I" house and implementation of public health 5 year plan will be discussed and feedback given to the PCT to inform these schemes.
<b>Financial</b>	Payment of part 1 10/11 PBC LES
<b>Sustainability</b>	None
<b>PBC</b>	
<b>Workforce / Training</b>	

**RECOMMENDATIONS / ACTION REQUIRED:**

The committee are/is asked to approve part 1 PBC LES

**LOCAL ENHANCED SERVICE**  
for  
**Practice Based Commissioning**

**Service Level Agreement with Featherstone Family Health Centre**

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## INTRODUCTION

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients. They are also encouraged to provide the Directed, National and Local Enhanced services to the populations they serve.

## SERVICE AIMS

This agreement is to cover the period commencing 1<sup>st</sup> April 2010 to 31<sup>st</sup> March 2011.

Practice Based Commissioning supports and enables primary care teams to assess health needs, plan services and secure delivery of care for patients within the practice. Through greater clinical freedom in primary care, it presents an opportunity to innovate and redesign care pathways and services in primary and community care settings as well as improve management of finite resources.

GP practices, through practice based commissioning, will be able to improve the range of services delivered in the community and ensure that the right care is delivered to patients at the right time and in the right place.

Staff involved

All members of the Primary Health Care Team.

## Components

### Part One – Commissioning Plan

The first component of this LES is for the preparation and agreement of a Practice/Consortium Based Commissioning Plan.

The Commissioning Plan should include as a minimum:

Participating practice names and details

How the Practice/Consortium will work towards meeting relevant targets and local and national priorities.

5 key areas prioritised from the QIPP clinical areas and which are reflected where appropriate in the 'Local Management Plan' to trigger the award of Part Two

The payment for this is in recognition of the Practice/Consortium time needed to develop and implement the Commissioning Plan. The Part One payment will be payable in July 2010 after approval of the Plan by the PCT PBC Governance Committee. The expectation is that plans will be submitted to the PCT in June 2010.

## Part Two - Delivery

The Practice/Consortia will be rewarded for its contribution to the successful delivery of schemes which contribute to the PCTs QIPP programme. The QIPP programme has 8 work-streams:

Prevent disease & ill health

Reduce demand on unscheduled secondary care by improving the management of long term conditions

Reduce demand on unscheduled secondary care by providing alternatives to A&E

Reduce demand on unscheduled secondary care by providing alternative pathways for children in health crisis

Reduce demand on scheduled secondary care by managing patients in primary where appropriate.

Reduce demand on secondary care beds by ensuring patients do not stay in hospital unnecessarily

Reduce demand on secondary mental health care

Ensuring existing resources are used most productively.

To be developed locally at consortia/practice level

Schemes are equally weighted

QIPP Theme and Project	Measurement of contribution	Area of work
Prevent disease and ill health	Uptake in number of people for physical activity, childhood obesity and adult weight management services.	Implementation of public health 5 year plan
Reduce demand on unscheduled secondary care through improved management of long term conditions	Use of risk stratification tool ie Bupa dialogue or appropriate tool if not available  Recruitment of community matron/case management staff.	Implementation of case management of high risk patients including nursing/residential homes using community matrons and generic workers. (Included as part of Seisdon Care Closer to home team and linked to same community services).
Reduce demand on unscheduled secondary care through improved management of long term conditions	"I" house (assistive technology) at Bilbrook House. Joint venture with PCT and Social Services.	Identification of suitable patients and promotion of demonstration site.
Reduce demand on secondary care beds by ensuring patients do not stay in hospital	Reduction in hospital deaths and increase in deaths at home.	Implementation of End of life pilot (West scheme)

unnecessarily		
Reduce demand on secondary care mental health care	Reduction in secondary care mental health outpatients and occupied bed days.  Referral to primary care mental health workers in accordance to criteria to ensure affective use of mental health contracts.	Further expansion and development of primary care mental health service.
Ensuring existing resources are used most productively	Production of practice audits	Work with Medicines management to deliver targets, which includes reduction in use of specials.

PCT Responsibility
<p>The PCT will provide relevant information to the Practice/Consortium about the use of health services and national/local priorities and commitments. Information to be provided will include:</p> <p>Benchmarking Data  Admission rates  First outpatient rates  Follow up rates</p> <p>Activity and financial information  Elective data – inpatient and day case  Non elective admissions inc. length of stay  First outpatient appointments, and follow up appointments  A&amp;E attendances (Based upon providers submitting data)  Prescribing  Consultant referrals  Diagnostic services  Primary care enhanced services  Community services  Mental Health Services</p> <p>Should the PCT not deliver its obligation to provide relevant data to inform the quarterly progress reports, the Consortia/Practices will not be penalised in terms of withholding a proportion of the LES payments.</p>

Ongoing Measurement and Evaluation
The services delivered by this LES will be subject to audit and monitoring. The

Practice/Consortium is required to produce quarterly progress reports against the plan, which will be monitored by the PCT PBC Governance Committee. Practice Members of Consortia agree to meet monthly with PCT Locality staff to review their performance against activity trajectory.

## Finance Details

This agreement is to cover the 12 months commencing 1<sup>st</sup> April 2010.

Practices/Consortia will receive:

### **Part 1 - 'Commissioning Plan'**

For 2010/2011 the total available for Part 1 is 95p per registered patient based on the Practice/Consortium registered list size as at 1<sup>st</sup> April 2010 and is payable on agreement of a Commissioning Plan between the PCT and the Practice/Consortium.

It is expected that the Commissioning Plan will be agreed by the PCT PBC Governance Committee by June 2010 and payments will be made for Part 1 in July 2010.

### **Part 2 - 'Delivery'**

GP Practices/Consortia will be paid 95p per registered patient based on the Practice/Consortium registered list size as at 1<sup>st</sup> January 2011 for the successful delivery of the objectives set out in the Commissioning Plan, adjusted as appropriate by the pre-agreed weightings set out in the Plan.

Part 2 payments will be paid to Practices/Consortia by the end of June 2011 at the latest.

This will be paid providing that the Practice/Consortium successfully meets the agreed objectives in the plan. Payment will be considered as income by Practices/Consortia.

In signing the agreement, all Practices agree to work with the PCT to actively manage achievement of their control total.

Payment for both parts will be made by agreement to either the Consortium (who will decide how funding will be spent between their members) or directly to the Practice (if not a member of a consortium).

The allocation of any retained Consortium savings to member GP practices will be determined by the Consortium.

Payments will only be made upon receipt of Practice/Consortium signature sheet and agreement of commissioning plan for component 1 and delivery of plans for component 2.



**LOCAL ENHANCED SERVICE**  
for  
**Practice Based Commissioning**

This document constitutes the agreement between the Practice/Consortium and the PCT in regards to this local enhanced service, as specified.

The Practice/Consortium needs to sign and to agree to this SLA and submit their Commissioning Plan to the PCT for agreement.

**Signature on behalf of the Practice/Consortium:**

Signature	Name	Date	Job Title/Position

**Signature on behalf of the PCT:**

Signature	Name	Date	Job Title

The agreement is to cover the 12 months commencing 1st April 2010.

**Payments will only be made upon receipt of Practice/Consortium signature sheet and agreement of commissioning plan and financial control target for component 1 and delivery of plan within financial control target for component 2.**

**Featherstone 10/11 PBC work plans areas**

QIPP area	Objectives	Deliverables	Milestones	
Reduce demand on unscheduled secondary care through improved management of long term conditions	<ul style="list-style-type: none"> <li>• Introduction of case management approach.</li> <li>• Dedicated community staff focusing on frequent fliers</li> <li>• Use of risk stratification tool</li> <li>• Number of care plans</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in frequent flyers for emergency and A&amp;E admissions.</li> <li>• Number of care plans produced</li> <li>• Production of risk stratification data on local population</li> </ul>	Exec paper approval Project group established Recruitment of case management staff Commencement of staff Risk stratification of complex patients Assessments of high risk patients (each practice will be blitz by all community matrons to work through assessments promptly)	May 10 June 10 July - Oct 10 Nov 10 Nov 10
Reduce demand on unscheduled secondary care through improved management of long term conditions	<ul style="list-style-type: none"> <li>• Identification of suitable patients with long term conditions to promote and raise awareness of the "I" house.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the assisted technology demo house "I house" situated at Bilbrook House. This is a partnership scheme involving the PCT, Social Services, County council, fire, police and voluntary sector.</li> </ul>	Potential opening date of "I" house Promotion of new facility with long term conditions patients and through practice patient group	Sept 10 Oct 10
Prevent disease & ill health	<ul style="list-style-type: none"> <li>• Increased uptake of people attending weight management, physical activities</li> <li>• Engage patient group to promote health activities</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of public health 5 year plan</li> </ul>	Public health implementation plan	July 10
Reducing inpatient	<ul style="list-style-type: none"> <li>• Increase % of terminally ill</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of hospice at home</li> </ul>	Pilot will start with a	Aug 10

admissions/excess bed days	patients being able to die at home if they choose to.	service through partnership with Compton and Katharine House hospice. <ul style="list-style-type: none"> <li>• Work with hospices and community to promote service.</li> </ul>	phased approach	
Ensuring existing resources are used most productively	<ul style="list-style-type: none"> <li>• Practice audits on outlier areas with action plans as appropriate.</li> </ul>	<ul style="list-style-type: none"> <li>• Work with Medicines management to deliver targets which includes reduction in use of specials.</li> </ul>		Ongoing
Reduce demand on secondary mental health care	<ul style="list-style-type: none"> <li>• Promotion of primary care mental health worker service to suitable patients</li> <li>• Primary care mental health worker to hold sessions at practice (once practice extension completed).</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure appropriate use of mental health contracts</li> <li>• Promotion of primary care mental health service</li> <li>• Work with Seisdon Peninsula PBC on implementation of primary care mental health service model that is based upon social inclusion.</li> </ul>	Further expansion of primary care mental health staff  Primary care mental health sessions held in Featherstone practice	April - July 10  Oct 10
Other pbc work areas: Partnership working with South Staffordshire District council	<ul style="list-style-type: none"> <li>• Featherstone Pride - as part of the Staffordshire Local Area Agreement (LAA) a county wide Flagship project on locality working was created. Featherstone Pride is the pilot area for South Staffordshire District Council. Featherstone practice is a member of the partnership working group and continues to input into developing partnership working.</li> </ul>	<ul style="list-style-type: none"> <li>• Part of South Staffordshire district council locality working agenda.</li> </ul>	Ongoing	