

REPORT TO THE PBC GOVERNANCE COMMITTEE TO BE HELD ON: 12th May 2010

Enclosure:							
Subject:	PBC Plan 2010 / 2011						
Lead Director:	Sue Price						
Lead Officer:	Anna Hammond/Frances Sutherland						
Recommendation:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">For Approval</td> <td style="width: 5%; text-align: center;">x</td> <td style="width: 25%;">For Discussion</td> <td style="width: 5%;"></td> <td style="width: 20%;">For Information</td> <td style="width: 20%;"></td> </tr> </table>	For Approval	x	For Discussion		For Information	
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 South 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.

The report is split into two main sections, one for the Consortium and one for Westgate practice. This document is also categorised into the main QIPP themes and finally 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 lead 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 LES

South East Staffordshire Commissioning Plan for 2010/11

1. Background

This document details the plan for South East Staffordshire, both for the Consortium and Westgate practice. The plan includes new projects and some projects which began last financial year. Practice based commissioners in South 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 SESC

LES documentation includes work to be carried out by both practices and the Consortium Executive on behalf of practices. This document defines “practice responsibilities”.

3. QIPP areas of work for SESC

Project	Overview of workstream	Anticipated outcome (focus on activity)
1 Prevention		
Falls prevention	Development of local falls pathway	Reduction in fractured neck of femurs and colles fractures
	Development of osteoporosis pathway	Reduction in fractured neck of femurs and colles fractures
1b Medicines Management		
Implementation of scriptswitch	Willing practices to 'trial' scriptswitch. The benefits have already been shown at other PCTs but this will determine how the service could be managed locally e.g the level of input required to keep the system updated. Also it will establish the level of savings which can be achieved	Reduction in prescribing budget for those drugs where 'alerts' are provided
OR: 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 (one change per practice).	Reduction in prescribing budget 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.	The data release itself will not affect admissions but the development of local services may help to reduce admissions for identified patient group.
Tele-medicine	Medical input into tele medicine	The outcome will be dependent on the focused pathway but could include improved diabetic care, dermatology pathways or 'virtual ward', all which would reduce attendance/admission to hospital.

Case management	During 2009/10 funding was agreed to increase the number of practice attached community matrons. Work during 2010/11 will focus on internal structures/processes in the practice to ensure the appropriate patients are identified and managed within primary care.	Reduction in admissions for heart failure and COPD
Diabetes	Following the increase in funding to the diabetes nursing team the implementation of agreed changes will now be made. This will include referral pathways for follow up care, improved education for nursing home and patients.	Reduction in diabetic admissions from nursing home. Reduction in number of follow up appointments with consultants.
Integrated team	The Consortium are committed to working closely with the provider arm to develop neighbourhood teams and care at home teams.	Reduction in admissions for 'frail older people' and those with long term conditions
3 Urgent care		
Single point of access	Contribute to the development of the hub to ensure clinical responsibility is clearly defined and processes work for practices. Work with the provider of the hub to ensure the clinical pathways are safe and provide value for money.	This will not achieve savings but will facilitate savings can be made e.g. divert admissions
A&E audit	Repeat audit asking practices to check discharge letters from A&E to establish why patients are attending A&E	This will not save money but will help inform other developments e.g. social marketing campaign or A&E front end.
Rapid response nursing team	Review clinical pathways to standardise the care this team is giving to reduce admissions. Those identified include DVT, cellulitis, COPD exacerbations.	Reduce emergency admissions for defined conditions
A&E front end	Consortium to input into the development of 'front end' to Burton A&E which will divert patients to primary care clinicians	Reduce A&E attendance and admissions
5 Planned care		
C2C	Practices to carry out audits to check the reason for C2C attendance. Consortium then to review the outcomes and recommend the next steps	This will not save money but will inform next steps e.g. requesting that alternatives are provided for these patients, or some form of prior agreements, pathway change
Dermatology	Audit of referrals for high referring practices. An earlier audit of dermatology referrals did not show a problem with 'inappropriate	Identify the extent of 'inappropriate' referrals

	referrals' or the need for an alternative service. However, a further audit will now take place focusing on those high referring practices to assess whether some targeted support for these practices is needed	
	Review nurse led service. Anecdotally it has been suggested that the nurse led service is 'recruiting' patients from baby clinics and treating patients who could be more appropriately treated by their practice.	Potentially reduce the number of nurse appointments
	Introduction of outreach service into the South East locality. This is being lead by East Consortium. The main drive was capacity problems in secondary care	Reduced costs of outpatient activity.
Speciality specific referral audits	Auditing referrals from practices which are identified as outliers for their referral rates. At present only the dermatology audit has been defined. However, other specialities will be reviewed if this approach proves successful.	Potential to reduce cost if the 'outliers' referrals are deemed inappropriate
Orthopaedics	Introduce joint clinics between consultants and physiotherapists, which will include full assessment and use of a scoring tool	Reduce number of first outpatient appointments with consultants
	Education session for GPs to carry out joint injections	Reduce number of referrals to POMs service
Ophthalmology	Introduce alternative services for patients with 'minor eye conditions' Patients could be 'intercepted' by the PASS and offered appointments with opticians	Reduce first outpatient appointments
	Improved glaucoma pathways	Reduce outpatient appointments
Procedures of limited therapeutic value	Use PASS to reject referrals which have been clearly not commissioned by the PCT.	Reduce admissions
6 Reducing IP admission/Excess Beddays		
Nursing Homes	Review and learn from the audit carried out in 09/10. Share practice and encourage additional practices to undertake the LES.	Decrease in non-elective admissions from nursing homes
	Review of medical model for nursing home care.	Outcome will be dependant on the review
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	Consortium to define the service model and implement the	New service

care mental health workers	service working in partnership with mental health trust.	
----------------------------	--	--

4. QIPP areas of work for Westgate

Project	Overview of workstream	Anticipated outcome (focus on activity)
1b Medicines Management		
Implementation of scriptswitch		Reduction in prescribing budget for those drugs where 'alerts' are provided
2 LTC		
Risk stratification	Practice to release information to identify high risk patients. This information will be used to link to the development of the 'community matron plus'.	The data release itself will not affect admissions but the development of this linked to 'community matron plus' will help to reduce admissions for identified patient group.
3 Urgent care		
A&E audit	Repeat audit asking practice to check discharge letters from A&E to establish why patients are attending A&E	Alone this will not save money but will help inform other developments e.g. social marketing campaign or A&E front end.
5 Planned care		
C2C	Practice to carry out audits to check the reason for C2C attendance.	This will not save money but will inform next steps e.g. requesting that alternatives are provided for these patients, or some form of prior agreements, pathway change
Dermatology	Introduce outreach service to practice. This follows the practice identifying a significant increase in referrals over the past two years and the opportunity to save money by providing a in house service.	Reduced costs of outpatient activity.
6 Reducing IP admission/Excess Beddays		
Community matron plus	Implementation of community matron plus. Development of clinical protocols and evaluate outcomes. This will be achieved through reducing readmission rates and supporting complex	Reduced admission rates and readmission rates. Reduce the number of frequent attenders

	<p>patients in the community. Increasing patient levels of self care. Extended primary care, linking secondary and primary care services and targeting services to those hard to reach groups such as the house bound.</p>	
--	--	--

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

	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
SESC											
Prevention											
Falls	✓	✓	✓	✓	✓	✓		✓	✓		✓
Medicines Management											
Scriptswitch				✓		✓		✓		✓	✓
Change in medication				✓		✓		✓		✓	✓
LTC											
Risk stratification					✓						
Tele medicine		✓		✓					✓		✓
Case management		✓	✓	✓	✓	✓		✓		✓	✓
Diabetes	✓	✓	✓	✓	✓	✓		✓		✓	✓
Integrated team	✓	✓	✓	✓	✓	✓		✓		✓	✓
Urgent care											
Single point of access	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
A&E audit		✓		✓		✓		✓		✓	✓
Rapid response nursing team	✓	✓		✓		✓		✓		✓	✓
A&E front end	✓	✓	✓	✓	✓	✓		✓		✓	✓
Planned Care											
C2C		✓		✓						✓	✓
Dermatology	✓	✓		✓		✓	✓			✓	✓
Speciality specific referral audits				✓				✓		✓	✓
Orthopaedics	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Ophthalmology	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Procedures of limited therapeutic value				✓		✓					✓
Reducing inpatient admissions											
End of life care		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nursing homes	✓	✓		✓		✓	✓	✓	✓	✓	✓
Mental Health											
Introduction of primary care worker	✓	✓	✓	✓	✓	✓		✓		✓	✓

Westgate

Medicines Management											
Scriptswitch				✓		✓		✓		✓	✓
LTC											
Risk stratification					✓						
Urgent care											
A&E audit		✓		✓		✓		✓		✓	
Planned Care											
C2C		✓		✓						✓	✓
Dermatology	✓	✓		✓		✓	✓			✓	✓
Reducing inpatient admissions											
Community matron plus	✓	✓	✓	✓	✓	✓		✓		✓	✓