

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

Enclosure:	12				
Subject:	West Locality infrastructure 2010/11 costs				
Lead Director:	Mark Powell				
Lead Officer:	Liz McCourt				
Recommendation:	For Approval	x	For Discussion		For Information

PURPOSE OF THE REPORT:

For PBC Governance to consider and approve the infrastructure costs for Seisdon, Stafford & Surrounds and Cannock Chase PBC localities. This is line with World Class Commissioning and the DoH paper clinical commissioning: our vision for practice based commissioning.

KEY POINTS:

The delivery of the QIPP agenda dovetails into the World Class Commissioning agenda. Clinical leadership and input is a key enabler in delivering QIPP. Practice based commissioning has a key role in empowering clinicians to shape local services. The 3 PBC groups in the West have aligned their 10/11 PBC plans to the QIPP projects. These local projects will deliver services appropriate to their local populations. In order to undertake this role funding for dedicated input is required.

IMPLICATIONS:

Legal and/or Risk	None
Standards for Better Health	D4 Health care organisations work together to a) ensure that the principles of clinical governance are underpinning the work of every clinical team and every clinical service; b) implement a cycle of continuous quality improvement; and c) ensure effective clinical and managerial leadership and accountability. D5 Health care organisations work together and with social care organisations to meet the changing health needs of their population by b) ensuring the continuous improvement of services through better ways of working.
Financial	Linked to QIPP/PBC West Side Story/PCT model of care
Training	None
PBC	Projects aligned to deliver QIPP agenda
Other	

RECOMMENDATIONS / ACTION REQUIRED:

PBC Governance to consider and approve

West Locality Practice Based Commissioning
Clinical Engagement and Commissioning

PCTs and PBC have a common aim to improve health services for their populations. The NHS Operating Framework for 2010/11 states that PBC is the main driver of service charge and it is a key responsibility of PCTs to support PBC in this role. Therefore practice engagement is essential and recognition needs to be given to the clinical and administrative input required.

PBC are committed to supporting and playing an active role within PBC. In recognition of this within their constitution they have identified key lead roles that are required to enable them to take forward the PBC agenda.

Funding of these infrastructure costs will enable PBC to have significant input into the following areas:

- Advising on commissioning strategy, contract negotiations and commissioning prioritisation
- Recommend and consult on service specifications
- Participate in contract meetings and engage in clinician to clinician discussions
- Participate in improving patient care pathways to deliver 18 weeks target
- Share best practice using comparative benchmark activity and referral information to support colleague practices and investigate trust behaviour
- Develop and support delivery of practice/locality agreed plans

The PCT have identified separate funding for Locality infrastructure costs based on £1.933 per head of registered practice population. In 07/08 PBC were allocated £1.90 per registered population. Based upon Exeter list size as at Quarter 4 this is estimated to be £584,468 (302,103 x £1.933) and includes an uplift of 1.74%.

Consortia	List size 1.4.10	Infrastructure £
Seisdon	46,487	89,859
Stafford & Surrounds	125,914	243,392
Cannock	129,962	251,217
Total	302,363	584,468

Based on this indicative sum the Locality intends to allocate the resources as follows:

Note	Expenditure	Seisdon	Stafford	Cannock
1	Chair	35,000	35,000	30,000
2	Clinical lead/input	30,000 (3 sessions)	20,000 (2 sessions)	45,000 (9 board members)
3	Consortium consultant			20,000
4	Secretary/PR communications			20,000
	Treasurer/minute taker	1,845		
5	Mental health led	5,000		5,000
	Finance led			5,000
6	Project support/service planning/pump priming etc	18,014	188,392	126,217
	Total	89,859	243,392	251,217

Notes:

1. Cannock Chair is a GP and also acts in a clinical lead capacity. Stafford is chaired by a practice business partner for 15 hours per week and Seisdon by a practice manager for 15 hours per week.
2. Cannock has 9 board members who led on various projects. Stafford and Seisdon have a nominated lead GP.
3. Consultant is paid 200 hours per annum plus to a maximum of a further of £10,000.
4. Co-ordinates actions and responses from meetings and member practices, PR and communication function of the locality.
5. Seisdon undertakes lead and chairs local implementation "no delays" project group.
6. Funding available for the following areas: pump priming projects, funding PBC project managers, backfill project work, patient involvement, and conferences. Request for additional funding will be submitted to the Locality Director for approval.

Each PBC group will submit an annual report on expenditure.