

**REPORT TO THE PRACTICE BASED COMMISSIONING
GOVERNANCE COMMITTEE
TO BE HELD ON: 13th MAY 2009**

Enclosure:							
Subject:	Stafford & Surrounds PbC Commissioning Consortia Plan 2009-10						
Lead Director:	Geraint Griffiths						
Lead Officer:	Jane Chapman						
Recommendation:	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">For Approval</td> <td style="width: 5%; text-align: center;">✓</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	✓	For Discussion		For Information	
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PURPOSE OF THE REPORT:

The attached plan is submitted by Stafford & Surrounds Commissioning Consortia against the 2009-10 PbC LES Part I.

KEY POINTS:

The plan sets out the Consortia's work Plan for 2009-10 to deliver benefits to patients through commissioning new and innovative services.

IMPLICATIONS:

Legal and/or Risk	
Standards for Better Health	Clinical and Cost Effectiveness, Patient Focus Accessible and Responsive Care
Financial	New services deliver invest to save Payment of LES Part I
Training	
PBC	PbC LES
Other	

RECOMMENDATIONS / ACTION REQUIRED:

Approval of the 2009-10 Part I LES payment



PID : Emergency Care Project		
GP Lead Dr Sue Knight	Stakeholders MSFT	
Background to the Project In 2008/09 Stafford PbC Group led a project to scope the requirements of a Primary Care presence in A&E to reduce breeches of the 4 hour target and prevent admissions. The project went on to implement a seven day service. While the reduction in 4 hour breeches has been relatively easy to demonstrate it has proved more difficult to demonstrate a reduction in admissions. This has been for two reasons which are; <ul style="list-style-type: none"> • Some gaps in community based services have been identified which has resulted in patients requiring admission • The relatively small number of admissions being avoided has made it difficult to demonstrate the change. 		
Objectives To continue the project in 2009/10 during which additional community services and discharge liaison posts are being introduced across Stafford and Cannock. During this period PbC will work with the Public Health Dept/an academic institution to evaluate the contribution of the Primary Care Clinicians. At the end of the period the Project will either recommend that the service is funded recurrently and put its management out to tender or discontinue the project.		
In scope Patients in the Mid Staffs economy with conditions suitable for management within Primary Care	Out of scope Patients with traumatic injury or serious acute illnesses	
Deliverables		
1. Continued presence of Primary Care Consultants (PCC) in A&E. 2. Robust governance processes that enable the range of conditions treated by the PCC to be expanded. 3. Development of pathways for patients presenting to A&E with Ambulatory Care Conditions. 4. Evaluation of the contribution of PCC to admission avoidance.		
Key Milestones		
1. Fully populated rota produced at least one month in advance of shifts. 2. Paper outlining governance arrangements to be sent to PEC 3. Pathways for patients presenting to A&E with Ambulatory care conditions 4. Evaluation 5. Recommendation for 2010/11		Monthly June September October December
Anticipated outcomes		
It is anticipated that the continued presence of the PCC with the introduction of additional community based intermediate care services will lead to a reduction in admissions which will be clearly demonstrated through an evaluation process.		
Measures	Baseline	Target
1. Admission of all patients presenting to A&E and in particular those; with ambulatory care conditions,	<i>Data to be collected</i>	<i>TBC</i>

from a Nursing Home and other subsets to be defined.		
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PID :End of Life Pathway		
GP Lead Dr Ian Wilson	Stakeholders Katherine House MSFH Provider Arm	
Background to the Project The PCT has agreed a Strategy for End of Life Care. To implement the Strategy requires each District to work with the Clinical Champion for End of Life Care to review the current services, complete a detailed gap analysis and develop and commission a local implementation plan to deliver the strategic objectives.		
Objectives To work with key stakeholders to commission and End of Life Care Pathway which delivers the PCT outcomes defined in the PCT End of Life Care Strategy.		
In scope Adults and children identified with life limiting conditions generally in their last year of life. Conditions include both cancer and non-cancer related illness.	Out of scope	
Deliverables 1. Commissioning specification for End of Life care pathways which can be commissioned from local providers 2. Increased choice of place of death for adults and children with a terminal illness. 3. Implementation of services that utilise funding identified through LDP process.		
Key Milestones 1. Identification of current services for End of Life care. 2. Gap analysis 3. Model for End of Life Care agreed with stakeholders		TBC
Anticipated outcomes As the range of services for patients with terminal illnesses increases more patients will be expected to choose the option of dying at home rather than in secondary care. The burden on families and carers will also be reduced.		
Measures	Baseline	Target
% of patients in Stafford dying at home	<i>Collecting data</i>	<i>TBC</i>
? carer satisfaction levels (clearly this will need to be sensitively		



PID :Development of ICT Services		
GP Lead Dr Anne Marie Houlder	Stakeholders MSFT Provider Arm Social Care	
<p>Background to the Project</p> <p>In April 2009 the ICT will be expanded by 22WTE staff and an additional 10 beds will be commissioned in Stafford. In addition the team will be relocated to a new building where they will be co-located with other specialist nurses and the Re-ablement team from Social Care. These changes provide an opportunity for the team to expand both the capacity and case load they manage.</p>		
<p>Objectives</p> <p>The Project will review the current working of the team with a view to maximising the capacity for step up activity. The team will also be taking step down patients from the acute hospitals, subject to an agreement on unbundling with the acute trusts, and this additional workload will need to be balanced with the teams current activity..</p>		
<p>In scope</p> <p>Step up and step down activity in Stafford District. Integration with other teams both in the Provider Arm and Social Care. The role of the ICT Consultant.</p>	<p>Out of scope</p>	
<p>Deliverables</p> <p>The co-location and expansion of the ICT with Social Care will significant increase capacity. Through this Project work practices will be reviewed to ensure maximum efficiency. This may result in teams covering a geographical area and building new relationships with other teams such as District Nursing and the Ambulance service. As part of the co-location a Single Point of Access for health and social care referrals will be developed. The SPA will need to be evaluated to ensure it meets customer needs in an efficient way.</p>		
<p>Key Milestones</p> <p>Additional staff in place Co-location at Greyfriars Therapy Centre Review of team structures to identify areas for shared working Introduction of a Single Point of Access</p>		
<p>Anticipated outcomes</p> <p>The capacity of the ICT will be expanded and therefore the level of admission avoidance and step down will be increased. The additional capacity will have a significant impact on admissions to hospital, ALOS and reduce the costs of excess bed days.</p>		
Measures	Baseline	Target
Numbers of admissions avoided ALOS in general medicine/elderly care		

Excess bed days costs in medicine/elderly care		
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PID : Implementation of a Primary Care Mental health Service		
GP Lead TBC	Stakeholders Practice MH Trust	
Background to the Project In 2009/10 SaS PbC Consortia reviewed the services available to patients in primary care with mental health needs. This work identified a significant gap for patients with mild to moderate mental health needs (Levels 2 & 3 in the Stepped Care Model). The Consortia have developed a specification for a primary care service which will meet the needs of patients and is Improving Access to Psychological Therapy (IAPT) compliant.		
Objectives This project will involve the Consortia tendering the contract and working closely with the selected Provider to implement the new service.		
In scope All patients with mild to moderate mental health needs	Out of scope Patients requiring in-patient care	
Deliverables The project will select a provider for a Primary Care Mental Health service for patients with mild to moderate mental health needs across the Stafford District. By the end of the year 2009/10 the recruitment and training of the workforce will be complete and the implementation plan will have began although it is anticipated that the full service will not be available until 20010/11. As part of the service Practices will be provided with regular reports indicating activity levels and outcomes for patients.		
Key Milestones		
1. Advert to tender on Supply2Health 2. Section of provider 3. Implementation plan agreed with provider 4. Recruitment and training 5. Implementation commences	<i>April 09</i> <i>June 09</i> <i>August 09</i> <i>December 09</i> <i>January 09</i> <i>dates tbc</i>	
Anticipated outcomes Following the introduction of a primary care mental health service PbC anticipates <ul style="list-style-type: none"> • a reduction in demand for secondary care mental health services • a reduction in demand for secondary care physical health services, esp. A&E • high levels of patient satisfaction with the new services 		
Measures Activity in mental health service A&E /secondary care activity Patient satisfaction levels	Baseline	Target



PID :Develop a community based surgical unit	
GP Lead Dr Alex Holder	Stakeholders PCT Governance team MSFT
Background to the Project Around the country there are many examples of community based surgical pathways which offer patients care closer to home, maximise the use of secondary care for complex cases and deliver value for money. At present Carpal Tunnel releases, some ENT procedures and Vasectomies are available in Stafford.	
Objectives This Project will review the potential for delivering a range of procedures in the community and develop a three year programme for the introduction of new services. In addition to developing pathways the project will link to the Estates Strategy to provide a community based theatre with appropriate support which can be used by clinicians delivering services. The Project aims to work closely with Mid Staffs Foundation Trust and has already gained support to work jointly to explore options for the development of community based surgical procedures from the Clinical Director and Divisional Manager for Surgery. There is an expectation that the knowledge gained from the introduction of the first new community based pathway will be built upon for subsequent pathways.	
In scope Procedures that can be carried out under local anaesthetic.	Out of scope Procedures requiring a general anaesthetic.
Deliverables 1. List of potential services that could be delivered in a community setting and a three year timetable for their introduction. 2. Development of a template for the introduction of new services which could be adopted as a PCT standard. 3. Introduction of one community based pathway by the end of 2009/10.	
Key Milestones 1. Comprehensive list of procedures that could be delivered in the community. 2. Analysis of the cost benefits of introducing each of the procedures. 3. Three year plan for introducing agreed list of new pathways. 4. Introduction of a community based surgical pathway in the financial year 2009/10. 5. Specification for theatre space to be included in the Stafford Estates re-provision.	TBC
Anticipated outcomes 1. Increase in surgical procedures delivered in a community setting 2. Reduced cost of pathway for new services 3. High levels of patient satisfaction	

Measures	Baseline	Target
1. Number of community based surgical pathways 2. Number of community based surgical procedures 3. Cost per procedure 4. Patient satisfaction levels	<i>Collecting data</i>	<i>TBC</i>