

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

Enclosure:					
Subject:	Cumberland House PbC Plan 2009-10				
Lead Director:	Geraint Griffiths				
Lead Officer:	Jane Chapman				
Recommendation:	For Approval	✓	For Discussion	For Information	

PURPOSE OF THE REPORT:

The attached plan is submitted by Cumberland House Medical Centre against the PbC LES Part I.

KEY POINTS:

The plan sets out the Practices 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



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CUMBERLAND HOUSE SURGERY

PBC PRACTICE PLAN

2009/10

1. Service Aims & Objectives

This plan is to cover the period commencing 1st April 2009 to 31st March 2010.

Cumberland House Practice, through Practice Based Commissioning, aims 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.

Practice based commissioning provides the practice with greater freedom in primary care and thus supports and enables primary care teams to assess health needs, plan services and secure delivery of care for patients within the practice.

Objectives

- Specification for Service Delivery – Care of Patients in Nursing / Care Homes (as enclosed)
- Improve services for patients by offering an additional referral pathway in terms of consultant led in-house clinics
- Streamline administrative pathways via use of IT/paper-light communication
- Reduce the level of follow-up appointments in the chosen specialities
- The practice will contribute to meeting national priorities in terms of delivery of the 18 week target and supporting health improvement by redesigning services. Aspiring to maximum target of 6 weeks (out-patient).
- Creation of robust data set for audit purposes

Deliver improved care to patients in Nursing / Residential establishments by meeting the standards set out in the enclosed plan through a consistent and efficient approach

- Improve patient safety: - closer liaison and improved communication between GP and specialist, ultimately with the potential of reduced referrals due to feedback and education.

Cumberland House Practices shares the ethos of the following Strategic Themes that the PCT has identified (PBC Service and Estates Strategy 2008/9 / West Side Story) that will shape the priority setting and objectives for the next 5 years and this is reflected in the plan:-

- Quicker, high quality health care – reducing waiting times from GP referral to start of treatment, to a maximum of 18 weeks.
- Care closer to home – treating patients in the community, rather than in a hospital where this improves the patient experience
- Patients in control of their health – providing lifestyle responsibility by giving patients more choice about how, when and where they receive treatment
- Clinical quality priorities – key driver of PBC aspirations by working with the hospital trusts to the enforcement of clinical letters within a 4 day standard.

2- The Clinical Lead is Dr G Ansell and Administrative /Management support will be provided by Mrs S Griffiths, Practice Manager.

3- The scope of activity to be undertaken is as follows:

3:1 Referral analysis: The practice will keep a record of referrals at a practice and GP specific level for analysis and audit. A spreadsheet of individual GP specific referral rates will be circulated to all GPs on a monthly basis.

The GPs in the practice will meet on a quarterly basis with the relevant Consultant to discuss referral patterns at practice and GP specific level. Feedback will be given in both directions i.e.: from GP to Consultant and Consultant to GPs. Any identified problems will be discussed and hopefully resolved at an early stage. Areas of educational need for individual GPs will be identified, endeavouring to address this via individual professional development.

3:2 The practice will focus on three areas in 2009/10 - Orthopaedics and Gynaecology In-House Clinic and the Specification for Service Delivery for the Care of Patients resident in Nursing / Care Homes. The Practice has requested activity and financial data for Chiropractic and Physiotherapy Services with a view to looking at service redesign.

4. PCT Responsibility

The PCT will provide relevant information to the Practice regarding the use of health services and national / local priorities and commitments. Information to be provided will include:

- Benchmarking Data
- Admission rates
- First outpatient appointment attendances
- Follow-up rates

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&E attendances
- Prescribing

Should the PCT not deliver its obligation to provide relevant data to inform the quarterly progress reports, the practice will not be penalised in terms of withholding a proportion of the LES payments

5. Provider Services

5.1 Gynaecology Clinics

Consultant service with outpatient style clinics held on a monthly basis at Cumberland House by Mr K Chin, Consultant Gynaecologist from Stafford. GPs will offer this additional referral pathway together with the current referral options as part of 'Patient Choice'

The practice will work towards improving communication between GP and Consultant with timely (turn around within 7-10 days) consultant reports generated in-house by practice secretarial team, with full utilisation of EMIS consultation mode.

Patient benefits to include reduced transport costs, shorter waiting times and improved communication between Consultant & GP, thus resulting in a quality secondary care service delivered in a primary care setting.

5.2 Orthopaedic Clinics

In-house Consultant service with outpatient style clinics held on a monthly basis (possibly increasing to fortnightly if referral numbers demand this) at Cumberland House by Consultants from North Staffs University Hospital.

GPs will offer this additional referral pathway together with the current referral options as part of 'Patient Choice'/'Choose and Book'.

5.3 Service Delivery Plan for the Care of Patients resident in Nursing / Care Homes
– specification for service delivery enclosed

6 The practice's objectives, achievement of which will trigger payment of the LES are as follows:

6:1 Demonstrating the practice's involvement in its stated objective in the form of ongoing feedback to the PCT on a quarterly basis and an annual summary.

6:2 An audit of the referral patterns to Gynaecology and Orthopaedics, both at practice and practitioner level with the expectation of a 50% reduction in outpatient costs for these in-house clinics when compared with the NHS outpatient mandatory tariff.

It is anticipated that 50 – 55% of gynaecology and orthopaedic referrals will be made to the in-house clinics as it will not be possible for all referrals; some patients may choose not to follow this referral pathway and also those with recurring problems or those patients requiring follow-up already under hospital care would be better served by a referral to the hospital where their previous Consultant will have knowledge of them or have access to their old notes.

7 Details of Practice engagement in undertaking LES activity. The practice will engage within the limit of the LES funding in the following ways:

7.1 Dr Ansell will aim to analyse the relevant practice information as appropriate with a view to keeping all GPs and practice staff up-to-date with progress in the course of regular practice meetings. Mrs Griffiths will support the work of Dr Ansell in so far as other existing practice duties will allow

8 Method by which quality of the redesigned services will be assured/demonstrated. Patient feedback via questionnaires will be analysed, although it is anticipated that additional financial support may be required to facilitate this. Critical incident and case discussions will take place at the quarterly meetings of the GPs and relevant Consultant.

9 Information and monitoring requirements by PCT and Practice:

9:1 The practice will keep the PCT up-to-date on its progress towards the agreed objectives on a quarterly basis. Where extra support is required in achieving the objectives, the practice will inform and discuss its needs with the PCT.

9:2 Peer-review within the practice will take place on an informal basis as and when necessary.

10 Payment of LES funding:

10:1 Upon agreement between Cumberland House Surgery and the PCT on this practice plan, payment of the LES will be made to the practice @ £1.90 per registered patient.

10:2 The practice will exercise its right to use a minimum of 70% of any freed up resources for re-investment in patient care to ensure continued achievement against the objectives set in the plan or for reinvestment in 'services for the benefit of patients locally' (as per Department of Health Guidance).

The PCT will release the agreed level of freed up resources to the practice in line with approvals process.

11 Financial Implications

	Total Activity	Hospital Out-Patients	Projected In-House Activity	Tariff 06/7	In-House tariff	Activity x tariff	Savings
ORTHOPAEDIC - 1st Follow-up (ratio 1:1)	316		150	£ 144.00 71.00	£	£	£21,600.00
GYNAE - Out Patients 1st * Follow-up (ratio 1:1)	125		60	135.00 74.00	70.00 35.00	4,200	3,900.00
							£25,500.00
* Activity based upon practice data for 2009/10+ uplift							

In order to calculate the level of freed up resources made against this budget in 2009/10 the year-end practice spend will be validated and agreed by both the practice and PCT.

12 Arbitration

In the event of any subsequent disagreement between the practice and the PCT, the Strategic Health Authority (SHA) will be requested to appoint a group to oversee and rule on the disagreement.