

**REPORT TO THE PBC GOVERNANCE COMMITTEE
TO BE HELD ON: 13th May 2009**

Enclosure:						
Subject:	West Locality infrastructure 2009/10 costs					
Lead Director:	Geraint Griffiths					
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 NHS Next Stage Review stated that practice based commissioning has a key role in empowering clinicians to shape local services. The 3 PBC groups in the West are committed to developing and shaping 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 PBC West Side Story
Training	None
PBC	Linked to World Class Commissioning
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 2009/10 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 £1.90 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 £573,996 (302,103 x £1.90).

Consortia	List size 1.4.09	Infrastructure £
Seisdon	46,021	87,782
Stafford & Surrounds	125,755	238,935
Cannock	130,147	247,279
Total	302,103	573,996

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

Note	Expenditure	Seisdon	Stafford	Cannock
1	Chair	21,000	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	1,800		
5	Mental health led	7,000		5,000
	Finance led			5,000
6	Project support/service planning/pump priming etc	27,982	183,935	122,279
	Total	87,782	238,935	247,279

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 10 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.