

**REPORT TO THE PBC GOVERNANCE COMMITTEE
TO BE HELD ON: 8th July 2009**

Enclosure:				
Subject:	East Locality Infrastructure 2009/10 Costs			
Lead Director:	Sue Price			
Lead Officer:	Anthony Moss			
Recommendation:	For Approval	x	For Discussion	For Information

PURPOSE OF THE REPORT:

For PBC Governance to consider and approve the infrastructure costs for South East Staffs and East Staffs PBC localities. This is line with World Class Commissioning and the DH 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 two PBC groups in the East 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 delivery of East Locality CIP target and achievement of a balanced financial position across the locality
Training	None
PBC	Linked to World Class Commissioning
Other	

RECOMMENDATIONS / ACTION REQUIRED:

PBC Governance to consider and approve
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East 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 09/10 PBC will be allocated £1.90 per head of registered population. Based upon Exeter list size as at 1st April 2009 this is estimated to be £549,338 (289,125 x £1.90).

Consortia	List size 1.4.09	Infrastructure £
South East Staffs	140,157	266,299
The Westgate Practice	17,837	33,890
East Staffs	131,131	249,149
Total	289,125	549,338

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

Note	Expenditure	South East	Westgate	East Staffs
1	Chair			35,663
2	Clinical lead / input (PBC Exec)	107,880	12,488	39,474
3	Annual Costs – Accounts / AGM	690		2,500
4	Project Management and Admin support	94,395	2,000	96,395
5	Clinical Commissioning Lead			56,761

6	INR machines – pump priming LES	7,500	1,500	7,500
7	Discharge co-ordinator	23,705		
8	Project support/service planning/pump priming etc	32,129	17,902	10,856
	Total	266,299	33,890	249,149

Notes:

1. East Staffs consortium has a GP chair. South East consortium do not have a chair, but have a nominated member of the Exec acting as a conduit.
2. The South East consortium have 7 Exec members (6 GPs and 1 Nurse Practitioner). The Westgate Practice have a dedicated annual time commitment including GP, nursing and practice manager involvement. East Staffs consortium has 8 Exec members (6 GPs and 2 Practice Managers) and 11 GP Steering Group members.
3. Annually incurred costs of holding AGM (East Staffs) and producing annual accounts (South East).
4. Funding provided for PBC project managers and admin support to co-ordinate actions and responses from meetings and member practices and ensuring the communication function for the localities.
5. Funding for PBC post supporting clinical involvement in commissioning.
6. Purchase of INR machines for practices to enable delivery of the extended anti-coag LES to shift service delivery out of hospital to practices (SES and ES – 10 machines per consortium; Westgate Practice – 2 machines).
7. Funding for PBC post to facilitate early hospital discharge.
8. Funding available for the following areas: pump priming projects, backfill project work, patient involvement and GP attendance at relevant conferences / events. Requests for additional funding will be submitted to the Locality Director for approval.

Each PBC group will submit an annual report on expenditure.