

PBC Governance Committee

The Peel Medical Practice wish to submit this proposal for consideration for a Practice Based Gynaecology Service.

We performed an audit of our last six months gynaecology referrals and anticipate that a large percentage of these could have been dealt with by an in-house service. It is very difficult to quantify the exact numbers and the full range of procedures that could be provided. As a result, we therefore propose a pilot study for an initial six months using Mr Jim Hollingworth, Consultant Obstetrician and Gynaecologist, Queen's Hospitals, Burton.

Mr Hollingworth would attend the practice for one session per week.

All gynaecology referrals for six months would be referred directly to him and therefore will be retained in primary care.

Please find attached:
Service Provision Business Case
Application to be a Willing provider

Also to be tabled is the Peel Medical Practice Willing Provider Pack. This pack demonstrates how the practice meets the quality domains of safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities and public health.

Dr P Ballard

Service Provision Business Case

TITLE OF PROPOSAL	Practice Base Gynaecology Service
ORGANISATION/ COMMISSIONING BODY	The Peel Practice Tamworth
LEAD NAME FOR PROPOSAL	Dr Phil Ballard
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Document Control

Document Version	Date of Revision	Summary of Revision

Section 1: Compliance with the PCT Commissioning Framework

This business case complies with the following priority areas as outlined in the PCT Commissioning Framework:

PCT Commissioning Framework Priority Areas: <i>PCT to complete PCT Commissioning Framework priorities as outlined in the PCT LDP and ISIP.</i> <i>Full details of each of these areas are available from your PCT</i>	This business case relates to the following <i>(Proposer to tick as appropriate):</i>
<i>PCTS have specific targets on all of the following areas in line with national directives regarding achievement thereof, and practice are expected to work within these priorities as practice based commissioners. With regard to your specific service proposal, please tick all appropriate boxes served by your scheme.</i>	
1. National priorities	
1.1 Improving health of the population	
1.2 Supporting people with long term conditions	
1.3 Access to services	x
1.4 Patient/user experience	x
1.5 Achieving financial balance	x
1.6 Implementing reform	
1.7 6 key service priorities:	
- health inequalities	
- cancer 31 and 62 day waits	
- 18 week wait	
- MRSA	
- Patient Choose & Book	
- Sexual health & access to GU medicine	
1.8 Links with Integrated Service Improvement Plan	
(ISIP) & Benefits Realisation Plan (BRP)?	
2. Local priorities	
(for completion locally)	

Section 2: Outline of the Proposed Service Provision

<p>Introduction <i>Give a brief out line of the background (i.e. current service provision and demonstration of need for improvement. Include Health Needs Assessment)</i></p>	<p>The Peel Practice carried out an audit of six month of gynaecology referrals. It was established that a large percentage could be dealt with by an in house service. In addition the practice has also spent time working with local consultants to develop care pathways.</p>
<p>Outline of Proposal <i>How does this link to PCT & Local priorities?</i></p>	<p>Pilot an in house service for six months using a consultant from Queens Hospital Burton at the Peel.</p> <p>The consultant will attend the practice for one session per week. For that period all referrals will be triaged by the consultant. There could be three potential outcomes following triage:</p> <ol style="list-style-type: none"> 1. Advice to referring GP, the patient may be seen again by GP 2. Appointment with the consultant in practice (patients will be offered choice) 3. Suggested referral to hospital via PASS system
<p>Aims & Objectives <i>(Please expand on the brief outline that you gave in the Commissioning Proposal)</i></p>	<p>To overarching objective is to provide a practice based gynaecology service</p> <p>Aims include:</p> <ul style="list-style-type: none"> • Reduction in referrals to secondary care • Improved GP knowledge • Cost savings • Establish additional services which could be provided in practice e.g. ultrasound, endometrial biopsy • To gain transposable knowledge to share with the consortium
<p>Management of the Service <i>(Explain how the service will be managed i.e. receiving referrals, appointments, outcomes and waiting list requirements)</i></p>	<p>In the pilot phase only internal referrals will be accepted. They will be sent to an administrator who will collate letters for consideration by consultant.</p> <p>The Consultant will dictate advice to referring GP Documented advice will be placed in the patient record</p> <p>Where a patient needs an offer of an appointment in house, the administrator will contact the patient to arrange that</p>

	<p>appointment. Where an appointment in hospital is needed the patient will be referred via the PASS system. Each practice will have an allocated lead for the management of the clinics.</p> <p>Information will be inputted into an access database to collate the appropriate criteria of information to be used for submission of quarterly data to the PCT.</p>
<p>Scope of the Proposed Service <i>(i.e. which patients will be using the service, Target Localities/patient profile)</i></p>	<p>This service will be used for all gynaecology patients for the practice.</p>
<p>Clinical Effectiveness <i>(What evidence is there of the clinical effectiveness of the proposed service?)</i></p>	<p>The service will utilise local and national pathways which have a significant evidence base.</p>

<p>What will be the benefits to Patients? <i>(e.g. How will this link in to Choice/Choose & Book?)</i></p>	<p>The patient will receive care closer to home.</p>
<p>What will be the benefits for Clinicians/Staff?</p>	<p>This represents an opportunity for staff to develop their skills, during the audit of referrals, referrals to hospital reduced significantly.</p>
<p>What will be the anticipated benefit area for the PCT <i>(i.e Number of Reduced Admissions / Avoided Out Patient attendances)</i></p>	<ul style="list-style-type: none"> • It is anticipated that 15 – 25% of referrals to the consultant will not result in a clinic appointment • Ongoing referrals to secondary care should be deminished

Milestones & Timescales	Milestone	Timescale

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Initial Risks Associated with the Service Provision Proposal and Strategy for managing those risks (Countermeasure)	Risk	Countermeasure

Section 3: Financial Implications

The practice will absorb all costs for capital and the cost of the consultant will be absorbed by the practice. The practice will charge 50% of tariff price for appointments and procedures. Therefore new outpatient appointments will be charged at £71 and follow ups at £38. We envisage increasing the range of secondary care procedures as the project moves forward.

Annual Expenses (Cost of New Service) <i>List a breakdown of all expenses, remembering to add on-costs to staff costs</i>	Year 1	Year 2	Year 3
Capital Costs			
Staffing Costs, including backfill for clinicians running new service provision			
Training and Supervision Costs			
Equipment & Materials			
Other Expenses			
Total Cost of New Service	£	£	£
Anticipated Revenue <i>please explain source of revenue</i>	£	£	£
Profit Element for Service Provider	£	£	£

Anticipated Financial Benefit to PBC Budgets	Year 1	Year 2	Year 3
Anticipated freed up resources achieved through avoided secondary care activity. <i>Please specify:</i>			
Less Cost of new Service Provision to users of the service			
Surplus to PBC Budgets			

How much funding is being requested & identification of	
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purpose	
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Section 4: Corporate Governance

Please note that some contracting methods will entail certain liabilities, for example a Limited Company option under APMS. It is therefore essential specialist advice is taken to understand clinical/personal liability, medical indemnity etc.

<p>On which contracting basis do you intend this service provision to be based? <i>e.g. LES, PMS, SPMS, APMS, PCT GPSI Commissioned Service, please explain.</i></p>	<p>Willing provider</p>
<p>Which National, NSF and PCT Targets will this service provision deliver against?</p>	<p>Care closer to home</p>
<p>Demonstrate links to Standards for better Health <i>(Please identify standards and describe how this plan will support achievement of the standards)</i></p>	
<p>Patient, Public & Front-line Staff Involvement. <i>Please describe how you have involved Patient, Public and front-line staff in this proposed development.</i></p>	<p>This development has been proposed by the GPs themselves. The feedback from the in house orthopaedic service at the Peel practice was useful which demonstrated that patients valued the practice based service. The staff have also benefited from the contact with the consultant which has aided learning and quality of referrals.</p>

Section 5: Quality & Corporate Assurance

Please note there is value in discussing your proposals early on with your PCT Clinical Governance Lead

Clinical Governance Assurances	
Please provide details of how the intended provider location meets Health & Safety and other Clinical Governance Assurance standards	Please see Willing Provider Pack
Please Specify Audit arrangements ie, patient satisfaction surveys, reduction of hospital referrals & admissions	<p>The pilot will be audited at the end of six months to ensure mainstreaming the service is cost effective and safe</p> <p>A Patient satisfaction survey will be carried out</p> <p>Criteria for audit:</p> <ul style="list-style-type: none"> • Number of patients seen (new and follow up) • Time taken to triage • Waiting time for appointment • Number of patients directly listed • Number of patients referred to host provider following triage • Number of patients referred to host provider following outpatient appointment • Number of patients choosing to go to an alternative provider for treatment • Number of patients discharged • Number of procedures carried out • Number of patients referred for a diagnostic provider
What Quality Checks will be in place?	<ul style="list-style-type: none"> • Vigorous Infection control standards will be adhered to • All instrumentation will be sterile and disposable • Although not bound by waiting times, these will be met by ongoing monitoring of the appointment procedure • Patient Satisfaction will be measured through audit • IUD fitting and failure rates will be monitored through the annual audit
What information will you supply to the PCT and with what regularity?	The practice will submit quarterly information to the performance team for inclusion in the QARCOM

Outline Contractual Arrangements (To be detailed in the Service Level Agreement)	
Proposed period of Contract	6 months pilot, with possibility to extend following audit
Proposed Notice Period	3 months
What Contract Review arrangements do you envisage?	3 months
How will Complaints be managed?	In line with the practice and PCT policy

To be Completed by PCT:

Comments received:	Date
Practice Based Commissioning practice/consortia	
Clinical Governance Lead	
Executive Directors	
Professional Executive Committee	

Outcome of Application	Name	Date
Approved – on the basis of:		
Rejected - Reasons for Rejection:		
Passed for Payment:		

Application to be a Willing Provider

Date of Application	3 rd August 2009
Name of Applying Organisation	The Peel Medical Practice
Address	2 Aldergate Tamworth Staffordshire B79 7DJ
Place where service will be provided for	The Peel Medical Practice
Organisational Lead	Dr Phil Ballard
Contact Details	(01827) 50575
Please detail which professional body the lead clinicians are registered with.	GMC Royal College of Obstetrics & Gynaecologists Royal College of Surgeons
Please confirm if your organization is registered with the Healthcare Commission.	NO

Service to be provided

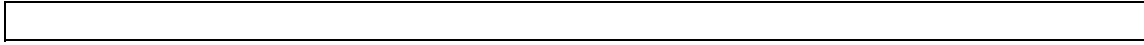
Proposed start date	As soon as possible
To whom will service be provided	Patients of Peel Medical Practice
Price of Service	<ul style="list-style-type: none"> • The practice will meet all capital expenditure, and the cost of the consultant will be absorbed by the practice • It is proposed to charge 50% of the tariff for all appointments and procedures • New out patient appointments will be charged at £72 (£144 tariff), follow ups £38 (£76 tariff)

Scope of Service – must include the following:

- Initial consultation
- Procedure
- Relevant follow up
- Provision of relevant medication, I.e. antibiotics / analgesics
- Provision of appropriate sick note
- Communication with referring GP within one week of procedure
- Assurance that no patient will wait longer than 18 weeks from date of seeing GP to commencement of treatment

Procedure

Who will perform the procedure
Patients will be seen by Mr Hollingworth, Consultant Gynaecologist from Queens Hospital, Burton on Trent.
Please evidence competence
<ul style="list-style-type: none"> • Mr Hollingworth is a Consultant Gynaecologist • Fellow of the Royal College of Obstetrics & Gynaecologists and Royal College of Surgeons



Confirm that procedures will be audited
<p>All appointments will be audited to include all relevant criteria:</p> <ul style="list-style-type: none">• Patient satisfaction• Number of patients seen• Time taken to triage• Waiting time for appointment• Number of patients directly listed• Number of patients referred to host provider following triage• Number of patients referred to host provider following outpatient appointment• Number of patients choosing to go to an alternative provider of treatment• Number of patients discharged• Number of procedures carried out• Number of patients referred for a diagnostic provider <p>Audit will be carried out by collection of the above data via an Audit Proforma and a Patient Satisfaction Audit. The data will be inputted into an Microsoft Access database, following analysis of the data a report will be produced.</p>
Confirm that procedures will only be performed if clinically relevant and necessary
<ul style="list-style-type: none">• Appointments will be offered on a sessional basis and billed as such – ie not cost per case• No financial incentive to over refer
How will the patient be consented
<ul style="list-style-type: none">• Consent not applicable• No operative procedures carried out
Outline the clinical environment in which the procedure will be delivered
<ul style="list-style-type: none">• Patient is seen in the surgery consulting room, Mr Hollingworth would have access to a clinical room for examination etc.• Chaparone and nurse available at any time

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Insurance

Please confirm the provision for legal liabilities insurance
Mr Hollingworth is a member of a medical defence union
Please confirm staff delivering this service to SSPCT patients have had a CRB check for staff providing the service
Yes – required for his hospital work

Administration

How will referrals be received
Once a gynaecology referral has been deemed necessary, a formal referral letter is typed and put in Mr Hollingworth’s In-tray. <ul style="list-style-type: none">• All referrals to Mr Hollingworth will be triaged• Patients are then put on the waiting list for Mr Hollingworth’s Clinic• Patients are seen by Mr Hollingworth and advised• If further referral to secondary care is required, the patient is offered choice at this point and the Choose and Book system is used• Mr Hollingworth is able to direct list to himself or to his colleagues at Queens Burton should the patient wish it• A formal report is dictated and typed to the referring GP• Mr Hollingworth checks them first as to ensure that any investigations/follow up is carried out

NB

Please see the **Peel Medical Practice, Willing Provider Information Pack** which illustrates how the Practice address the required quality domains of:

1. Safety
2. Clinical cost & effectiveness
3. Governance
4. Patient focus
5. Accessive & responsive care

6. Care, environment & amenities
7. Public health