

## REPORT TO THE PBC GOVERNANCE TO BE HELD ON 8 JULY 2009

<b>Enclosure:</b>					
<b>Subject:</b>	South East Staffordshire Consortium PBC LES				
<b>Lead Director:</b>	Sue Price				
<b>Lead Officer:</b>	Frances Sutherland / Anna Hammond				
<b>Recommendation:</b>	<b>For Approval</b>	<input checked="" type="checkbox"/>	<b>For Discussion</b>	<input type="checkbox"/>	<b>For Information</b>

### PURPOSE OF THE REPORT:

South East Staffordshire Consortium have made an approach to the PCT to develop a LES that reflects their commitment to work on improving clinical services, engage better with all practices and support the PCT financial position.

This has been extensively debated at the Executive Management team meeting on 8 June 2009 and was given their support.

### IMPLICATIONS:

<b>Legal and/or Risk</b>	The PCT is required to offer a LES for PBC
<b>Standards for Better Health</b>	PBC are responsible for commissioning services that deliver on these standards
<b>Financial</b>	Funding for payment of £1.90 per head registered patients based on 1 April 2009 list size
<b>Training</b>	N/A
<b>PBC</b>	LES to fund practice involvement in PBC
<b>Other</b>	

### RECOMMENDATIONS / ACTION REQUIRED:

<p><b>The Committee are asked to</b></p> <ul style="list-style-type: none"> <li>- Approve the SES Consortium PBC LES</li> <li>-</li> </ul>
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Service Level Agreement with **...Practice**

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## INTRODUCTION

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients. They are also encouraged to provide the Directed, National and Local Enhanced services to the populations they serve.

## SERVICE AIMS

This agreement is to cover the period commencing 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010.

Practice based commissioning supports and enables primary care teams to assess health needs, plan services and secure delivery of care for patients within the practice. Through greater clinical freedom in primary care, it presents an opportunity to innovate and redesign care pathways and services in primary and community care settings as well as improve management of finite resources.

GP practices, through practice based commissioning, will be able 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.

This Local Enhanced Service (LES) requires practices within South East Staffs consortium to sign up to the delivery of specific projects to ensure the Commissioning Plan for the organisation is achieved.

A consortium business plan will be developed by the executive and presented to the PCT for agreement. The consortium plan will prioritise which areas would be most beneficial to work on, based upon the demographics of their populations, knowledge of services provided and nationally driven priorities. .

The LES payment to practices is £1.90 per head of practice population (List size at 1/4/09 ). To achieve the full payment practices will need to achieve the elements described in this LES.

Staff involved  
Executive of South East Staffs consortium.  
Practices within the locality  
All members of the Primary Health Care Teams

Components		
Part One – Sign up agreement		
<p>12.5% of the total LES payment (£0.24 per practice population) will be paid to practices for signing of this LES and agreeing to the delivery criteria below.</p> <p>Practices agree that whilst the Consortium remains in deficit, they would consider themselves to be jointly responsible for achieving financial balance at a Consortium level and will not be entitled to Freed Up Resources, as per the PCT's present FUR policy. The PBC LES payments will not be dependant on meeting financial balance. When the Consortium reaches financial balance and achieves a surplus, only practices who are within their indicative fair share budget will be entitled to Freed Up Resources. This will be restricted to 20% of the practice's surplus again indicative fair share budget and capped at an amount per weighted population. The PCT's current FUR policy will apply to the spending of these resources.</p> <p>All practices must refer and prescribe responsibly and with prudence</p> <p>Practices agree to share data between themselves on a named practice basis.</p> <p>Practices undertake to share and discuss data from time to time with a PBC representative and to work with the PBC group to develop a supportive, non threatening process of clinical governance. Where appropriate, practices agree to entering into discussions with the PBC Executive should it emerge that they sit significantly outside of normal prescribing or referring patterns, with an expectation that change would occur following those discussions.</p> <p>Practices will be expected to sign up to any Prescribing Incentive scheme developed by PBC</p>		
Part Two - Delivery		
<p>The practices will be rewarded for their contribution to the successful delivery of schemes within the agreed business plan. However, payment of the achievement aspect of the Local Enhanced Service will not be dependant upon the Consortium achieving financial balance.</p>		
Area of work	Measurement of contribution	% of total LES payment attributable
Use of the <b>PASS</b> for 90% referrals	No. of referrals through the PASS compared to total referrals	10%
Implementation of SES agreed <b>pathways</b> which will from time to time be agreed by the executive group	Evidence of implementation from practices.	10%
<b>Referral letters</b> should include a	Audits on letters through	5%

simple statement of the problem and a statement of the particular question that needs addressing	the PASS and feedback from consultants	
<b>Data Quality audits.</b> Information will be sent to practices on a monthly basis for validating. Practices will be required to return these within the agreed timescales. It is anticipated that the number of records sent to each practice will only be approximately 2 per 1,000 registered population with a minimum of 4 patients	Completed information received within timescales	30%
Lead members in every practice will be responsible for <b>disseminating</b> and discussing, where appropriate, any <b>material that is published by the Consortium</b> in the context of pathway, guidance, policy, etc. The PBC group would expect to be able to see evidence of such discussions having taken place in minutes, etc. as occurs with quality and outcome framework indicators.	Evidence that these have been discussed at practice meetings A report form will be included for return with all communication	20%
12.5% of the total payment will be paid for attendance at <b>all</b> the following Board meetings. 17 <sup>th</sup> September 2009 12.45pm-2.15pm Merlin House Tamworth 17 <sup>th</sup> December 2009 12.45pm-2.15pm Merlin House, Tamworth 19 <sup>th</sup> March 2010 12.45pm-2.15pm Merlin House, Tamworth  Attendance by a medical member of the practice is <b>mandatory</b> . If this is not possible, a non-medical member may attend by prior agreement with the executive. A representative from the practice must attend each board meeting.	Signature sheet at Board meetings It is the practice representatives responsibility to ensure the signature sheet is signed at each meeting.	12.5%

## Ongoing Measurement and Evaluation

The services delivered by this LES will be subject to audit and monitoring. The

Consortium is required to produce quarterly progress reports against the plan, which will be monitored by the PCT PBC Governance Committee. The practices will provide quarterly evidence of their adherence to this LES to the Consortium executive.

Finance Details

This agreement is to cover the 12 months commencing 1<sup>st</sup> April 2009

The total available for this LES is £1.90p per registered patient based on the Practice registered list size as at 1<sup>st</sup> April 2009.

The practices will receive payment as follows:

Part 1 - 'Sign Up Agreement'

12.5% of this is payable on acceptance a Commissioning Plan by the PCT and the signing of this LES by the practice

Part 2 - 'Delivery'

The remaining 87.5% will be paid for the successful delivery of the objectives set out in the Commissioning Plan and involvement within the consortium activity as measured by the elements agreed. This payment will be paid to practices by the end of June 2010 at the latest.

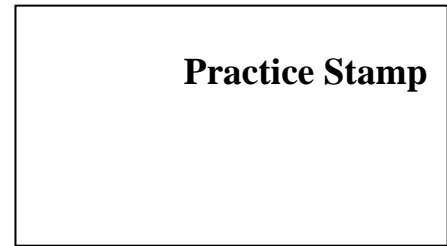
Please note; this will only be paid for achievement of the required elements.

Payment will be considered as income by Practices.

Payment for both parts will be made by agreement directly to the Practice.

Payments will only be made upon receipt of Practice signature sheet and agreement of commissioning plan and for component 1 and delivery of plans and evidence of practice involvement for component 2.

N.B. 50% has already been made. An end of year reconciliation will claw back any overpayments.



This document constitutes the agreement between the Practice and the PCT in regards to this local enhanced service, as specified.

The Practice needs to sign and to agree to this SLA . The Commissioning Plan will be submitted by the Consortium on behalf of the practice to the PCT for agreement.

Signature on behalf of the Practice:

Signature	Name	Date	Job Title/Position

Signature on behalf of the PCT:

Signature	Name	Date	Job Title

The agreement is to cover the 12 months commencing 1st April 2009.

Payments will only be made upon receipt of Practice signature sheet and agreement of commissioning plan and for component 1 and delivery of plans and evidence of practice involvement for component 2.