

Somerset Experience of PBC

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PEC Chair NHS Somerset
PBC National Team



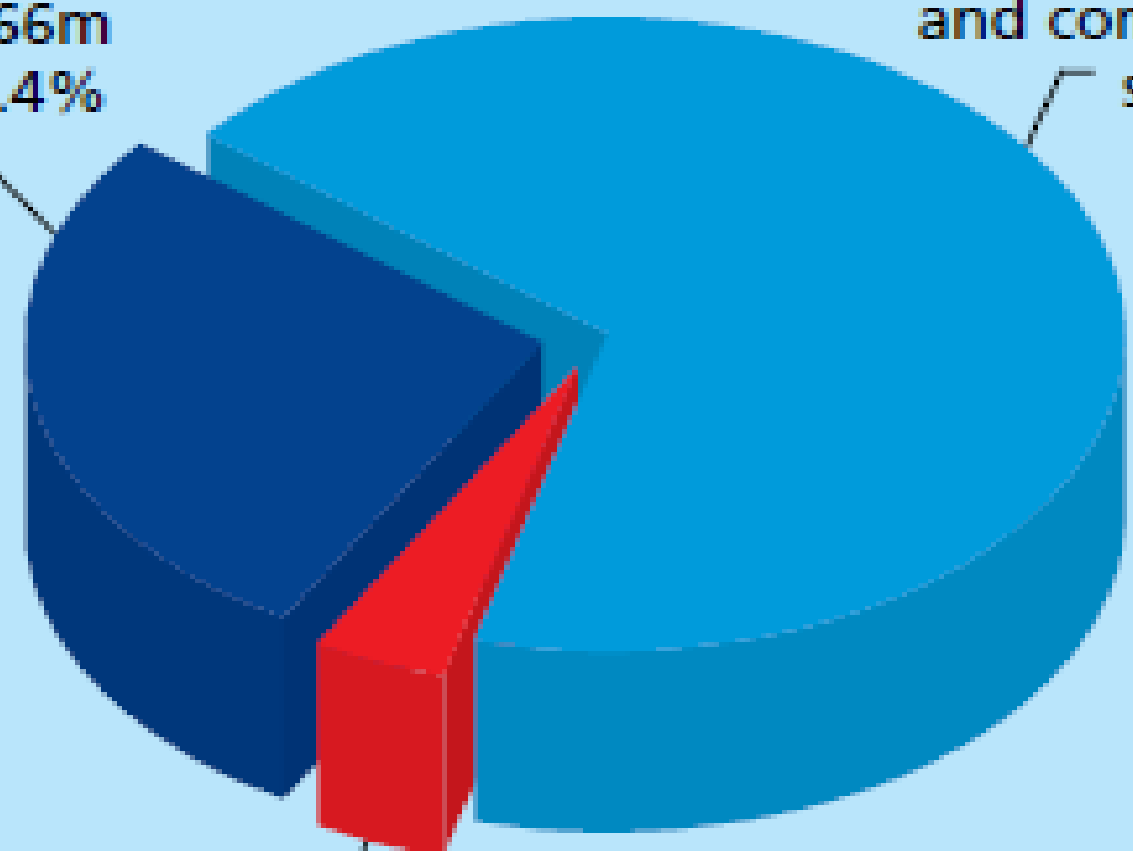
NHS

£98.7 billion



Purchase of primary
healthcare
£266m
27.4%

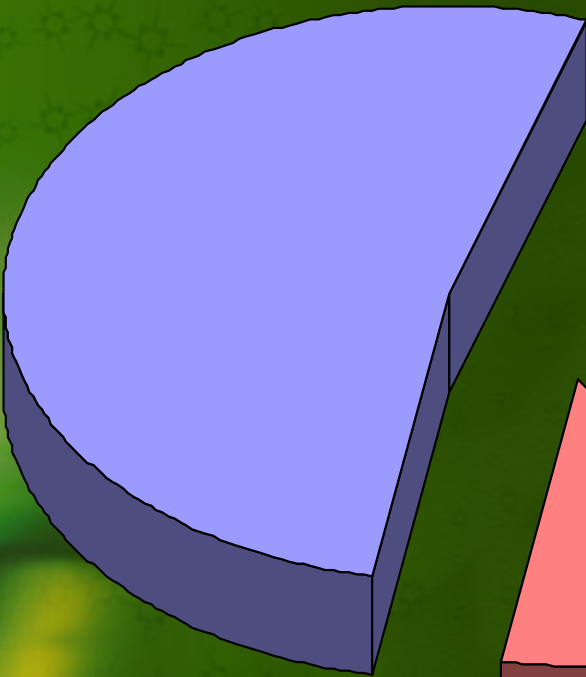
Purchase of
secondary healthcare
and community health
services
£663m
68.4%



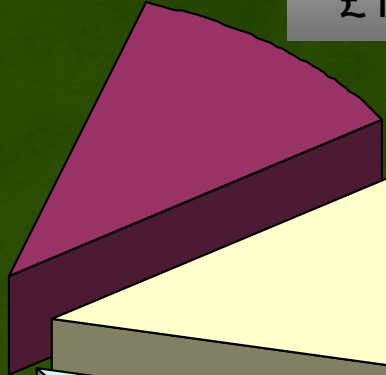
Corporate services,
capital charges and
other expenditure
£41m
4.3%

(£1,000s)
How is it spent?

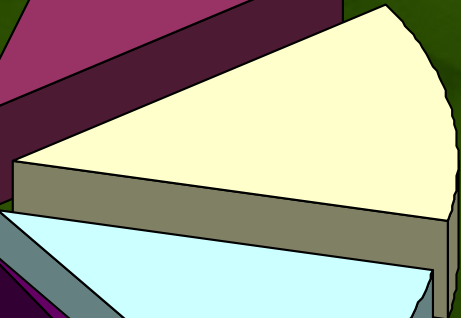
Service Level
Agreements
with Secondary
Care, £82,447



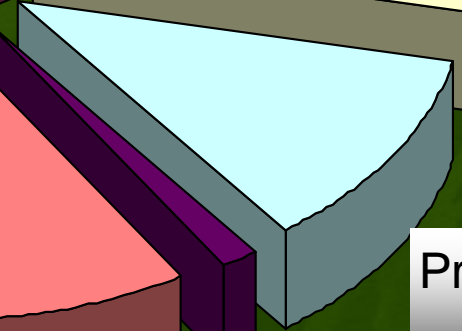
PCT Clinical
Services,
£16,817



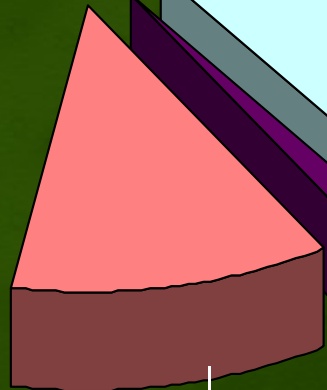
Prescribing,
£19,659



Primary Care,
£17,920

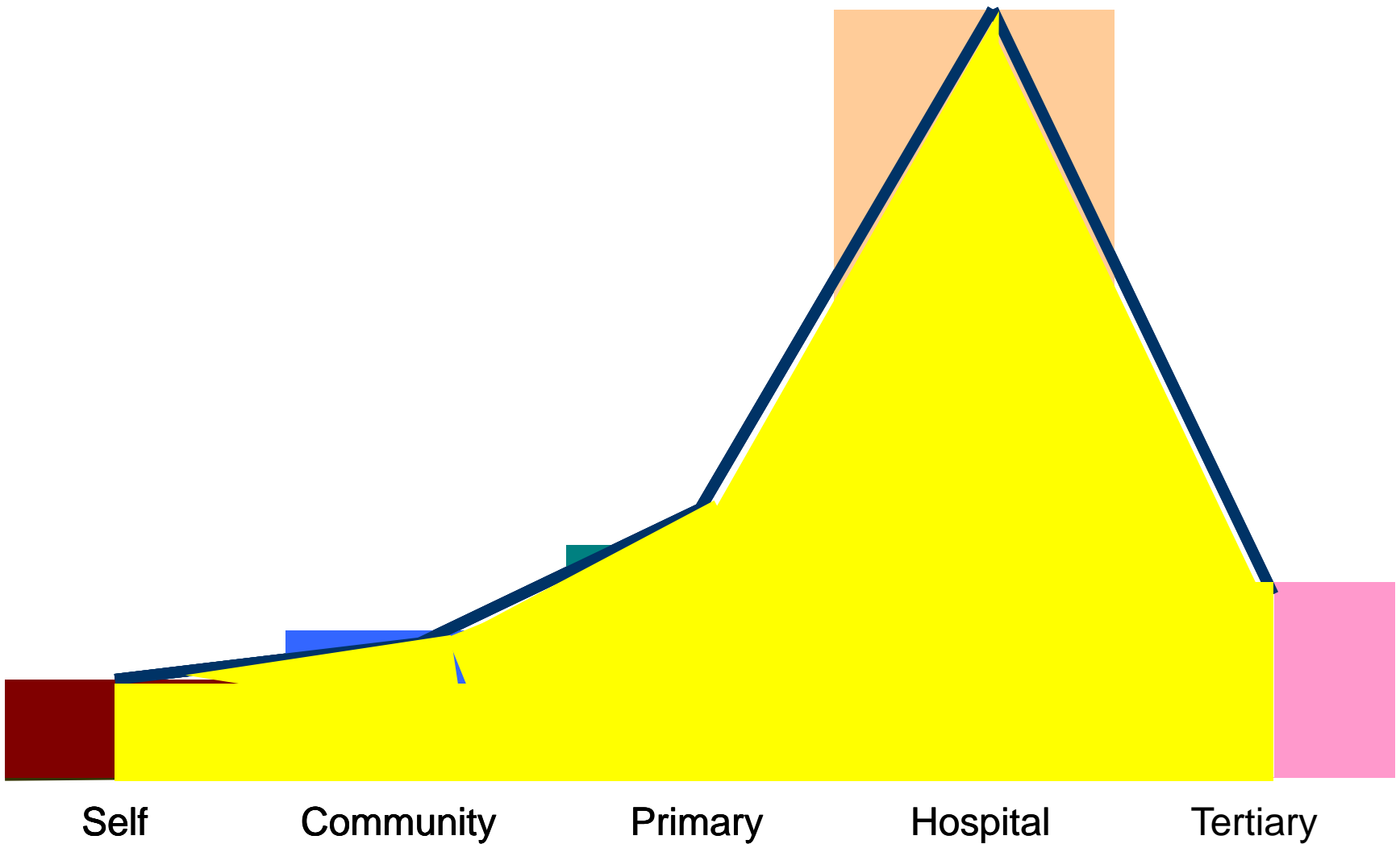


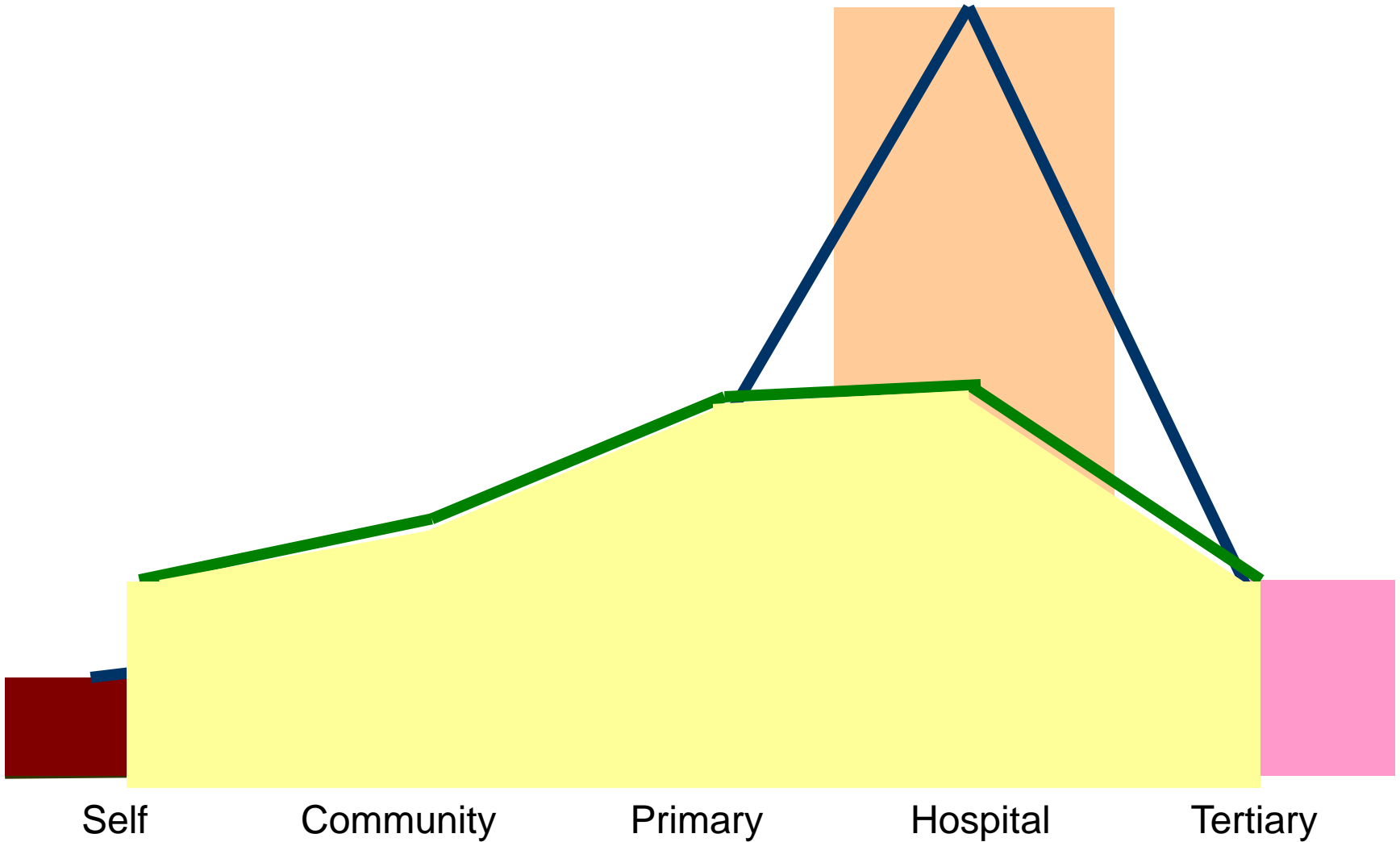
PCT
Management,
£2,595



Other
£18,199







Why bother?

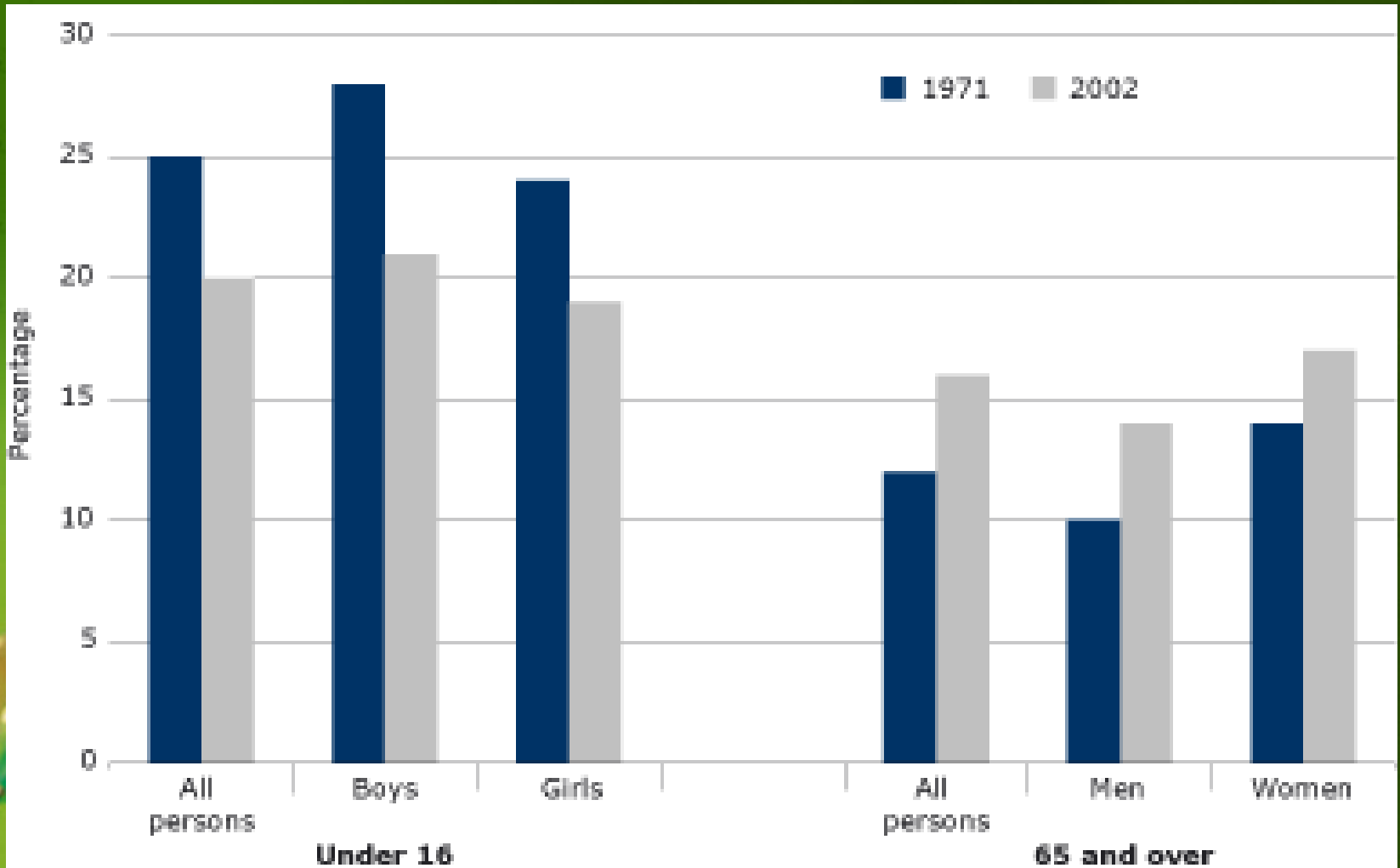


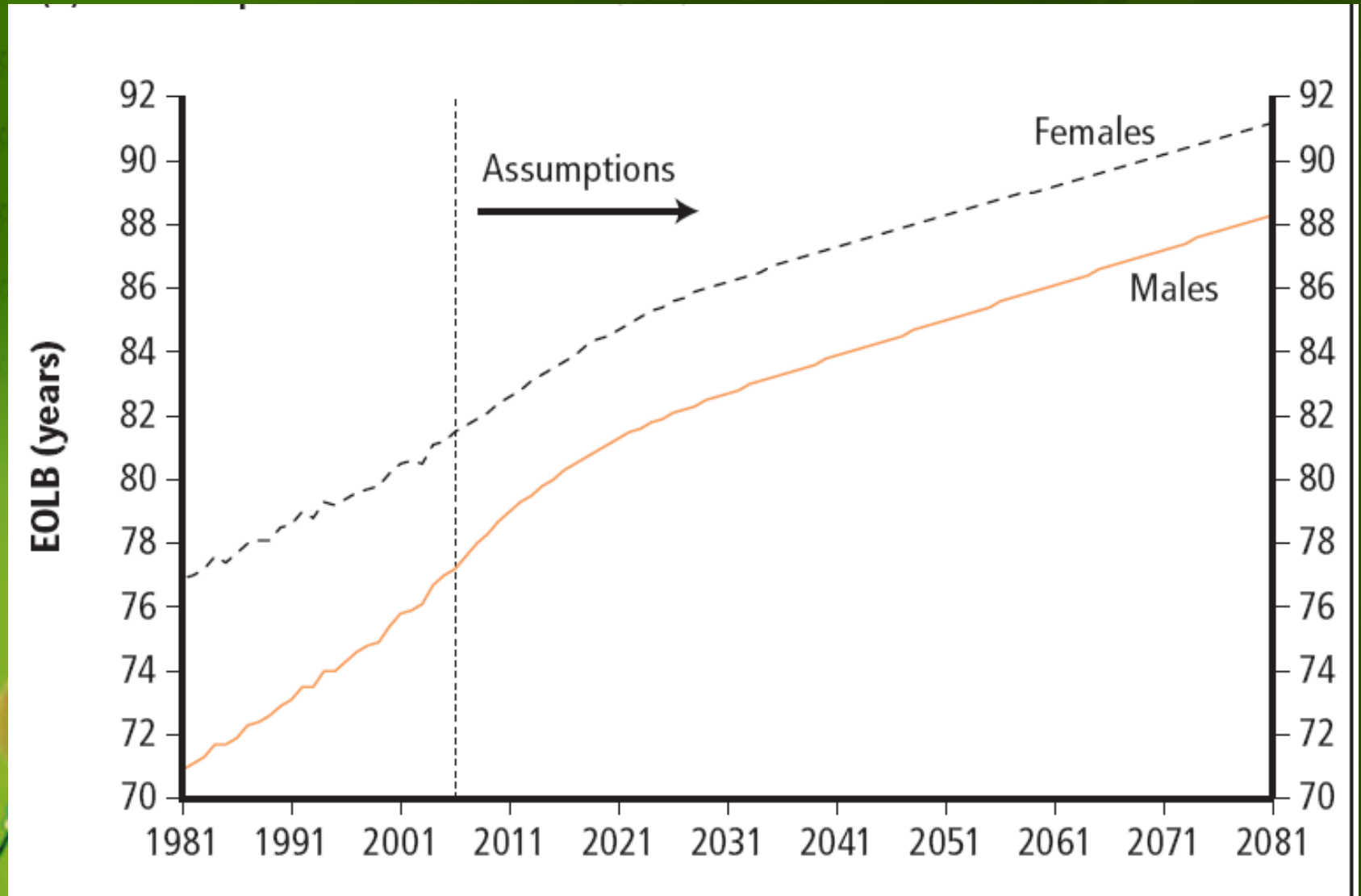
Drivers

- Demographics
- Expectations
- Inequalities
- Cost



Demographics





Drivers 2

Expectations

Partnership – not grateful supplicants

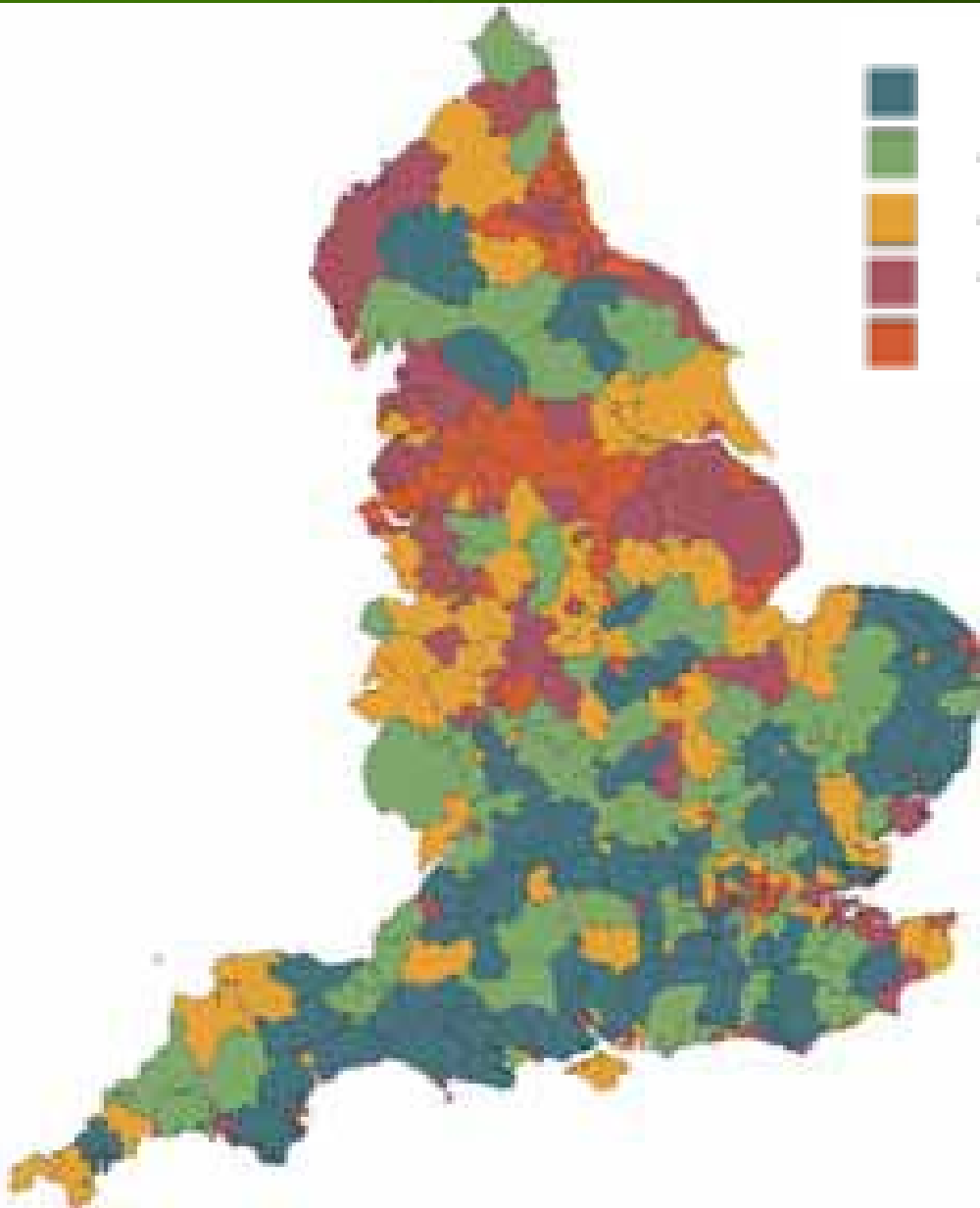
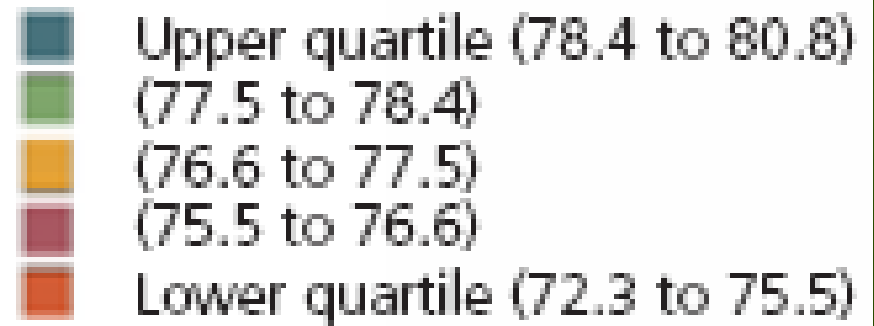
Service to fit lifestyle



Drivers

Inequalities





- 30% higher morbidity
- Higher risk of Heart Attack
- Greater chance of teenage pregnancy
- People with Diabetes have 30% higher chance of an amputation!

Drivers

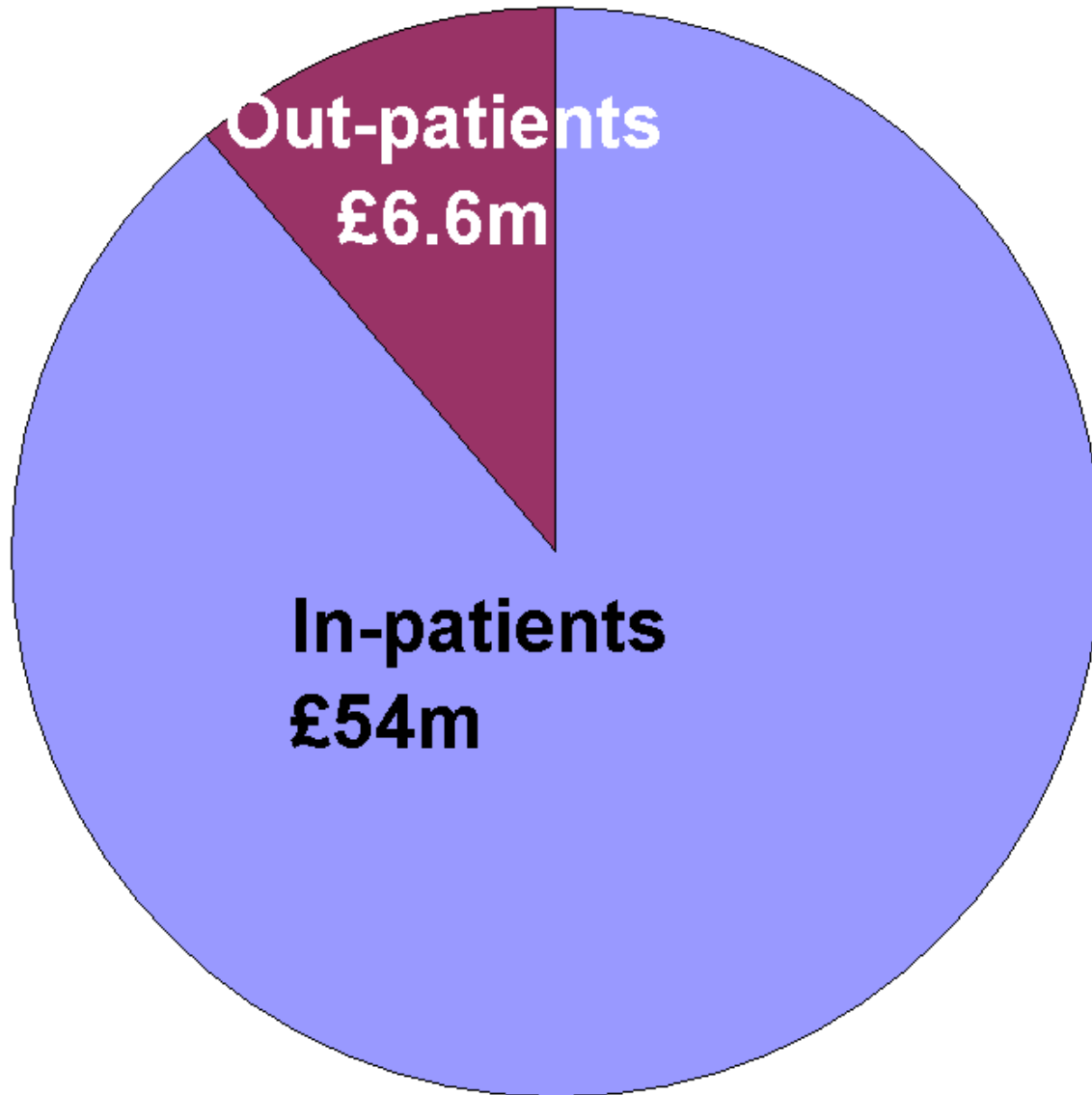
Cost



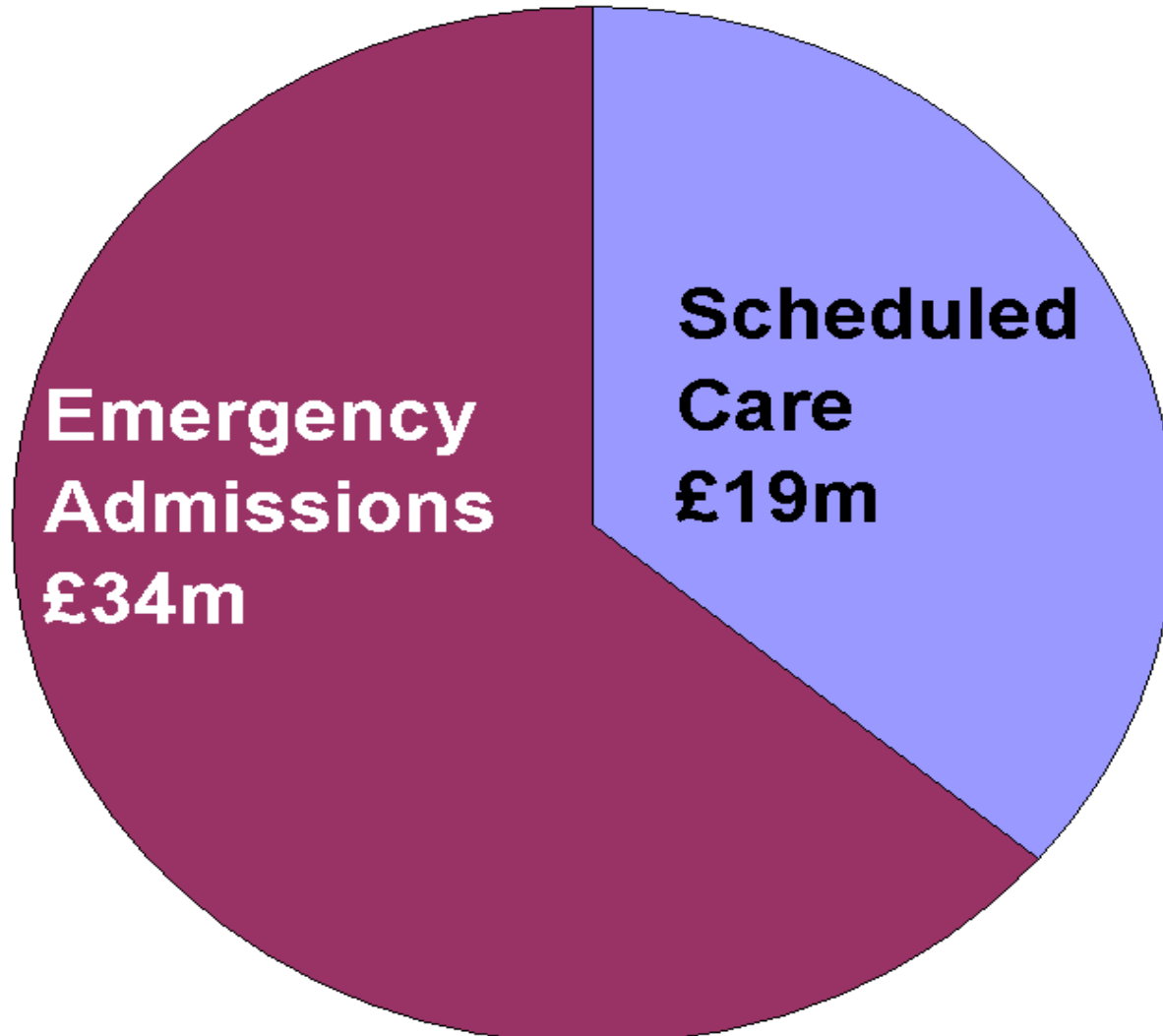
Dilemma

- If we do not tackle Hospital expenditure then we will not be able to afford the NHS
- Where does the hospital achieve its main income?





Emergencies



Emergency Admission

- Tackling Emergency Admissions is not just an issue of improving quality of care



PBC

Practice Based Provision

v

Practice Based Commissioning



PBC

To achieve freedom of resources means we
need to target Unscheduled Care

Cannot do it on a single practice basis
Need to work with other practices

But it is achievable...?



By how much can it be done?

Estimates of patients admitted in the current system where hospital facilities were not critical

- 10%
- 20%
- 30%

68%



Hospital Spending

- How do people get into hospitals?



World Class Commissioning

- Commissioning for Outcomes
- Practice Based Commissioning



Somerset Commissioning Forum

WyvernHealth.com

- All practices
- Formal structure
- Appointed their own managers
- Funded by the practices (and PCT)
- Support from LMC and PCT

Commissioning not Provision



Commissioning Plans

- All practices formed Commissioning Forum
- Commissioning Plan for Unscheduled Care
- Six major service specifications

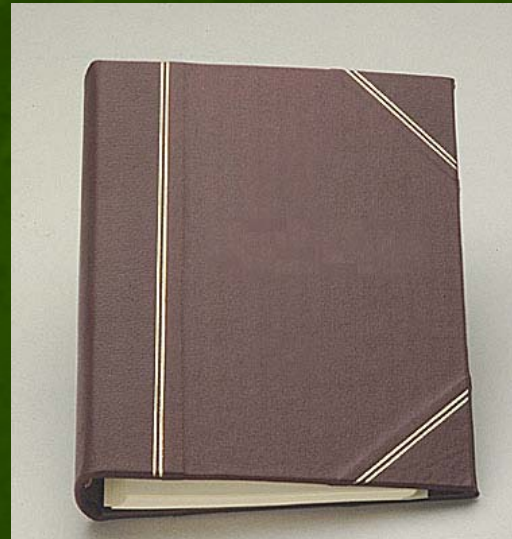
Then

Instructed the PCT to purchase according
to the specification of the
Commissioners



How can it be done?

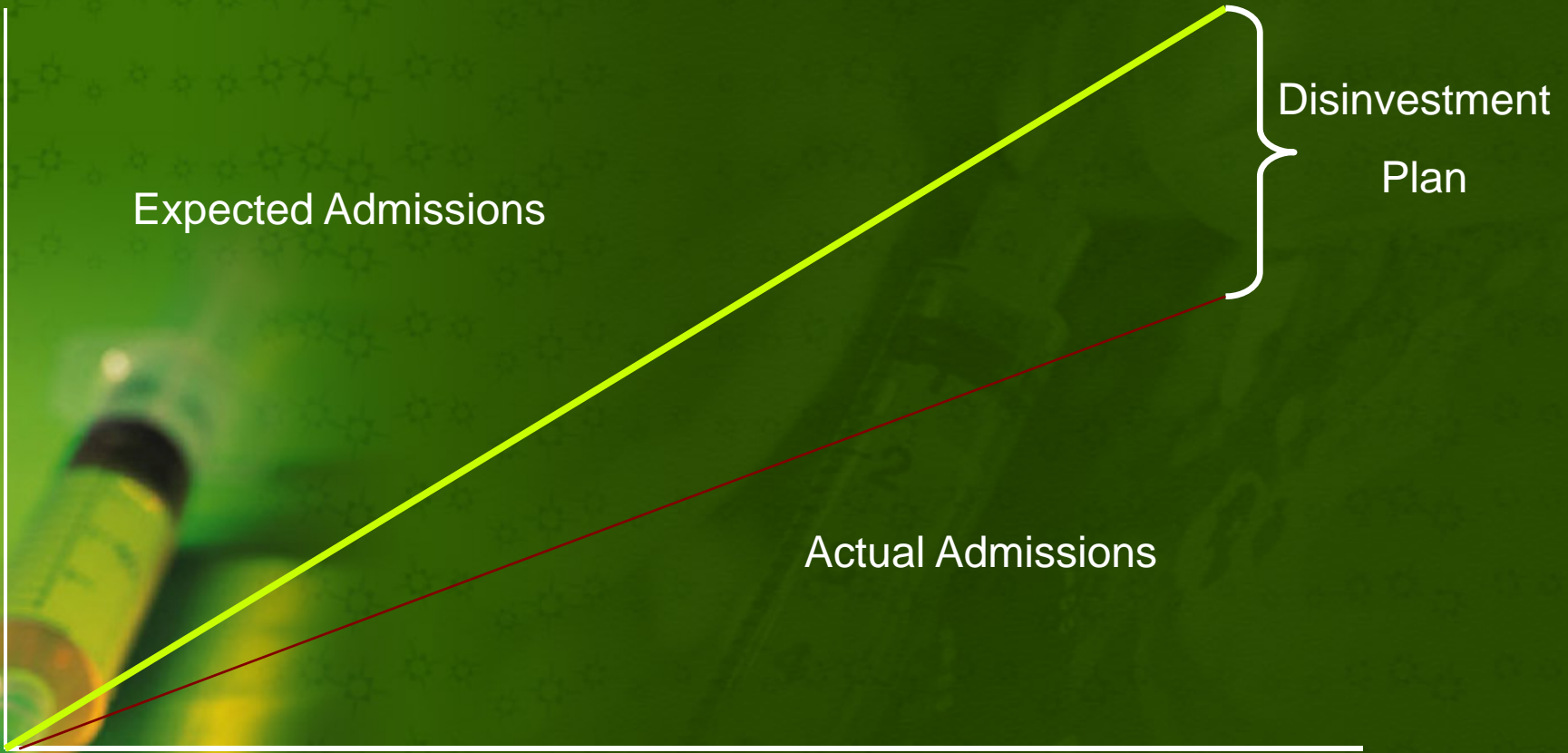
- Practice Commissioning Group
- High level Commissioning Plan
- Six initiatives in distinct areas



Commissioning Plan

1. Clinical Assessment and Treatment Units
2. Single Point of Access
3. Chest Pain Unit
4. Rapid response community team
5. GP in A&E
6. COPD team





Unscheduled Care

1. Clinical Assessment and Treatment Units



Unscheduled Care

- Elderly UTI with confusion

Ambulance

Trust

**Community Clinical
Assessment Unit**

Nursing
Home

Admissions
Ward

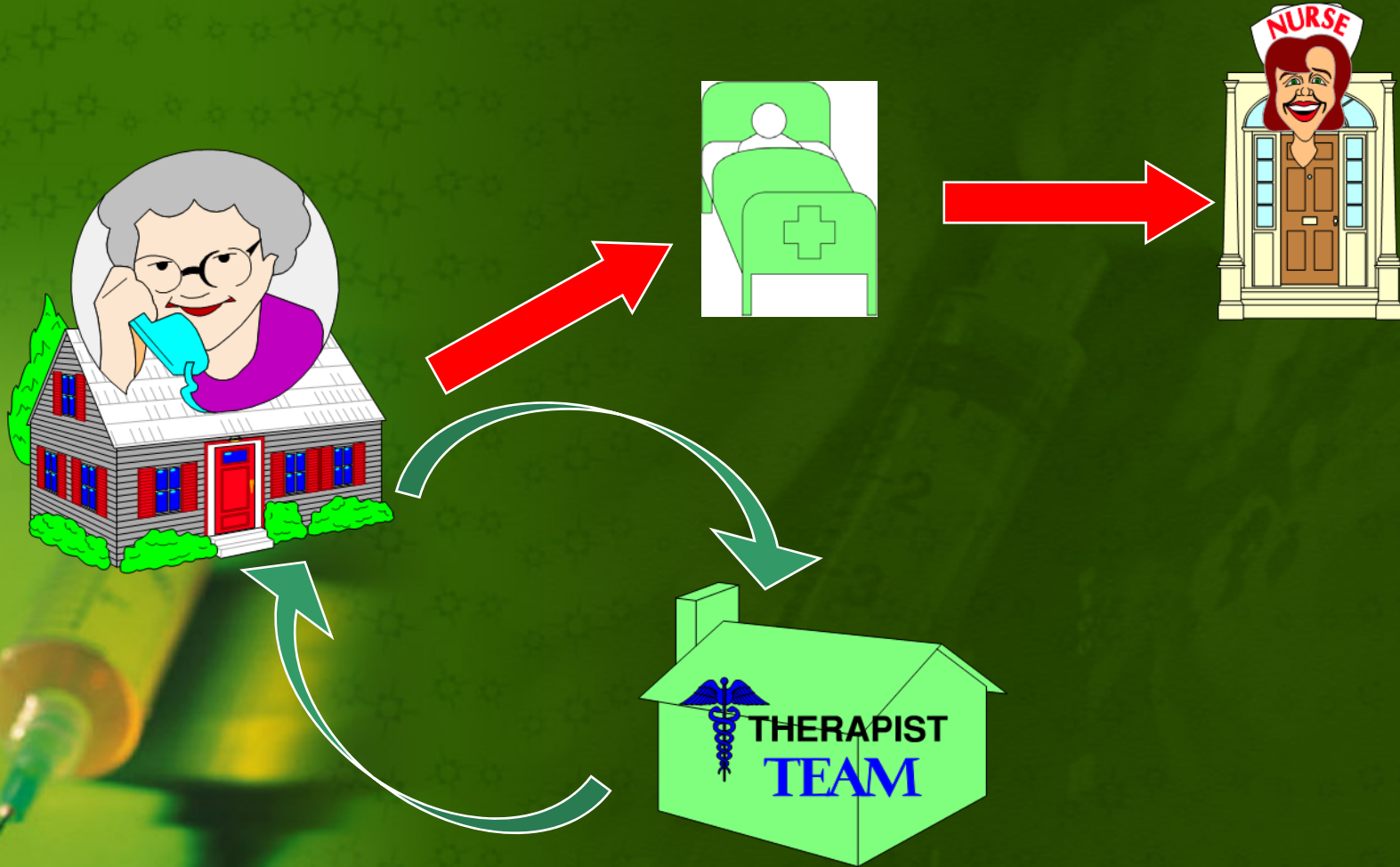
Rehab Ward

Medical
Ward

UTI Cleared



Quality of Care



What is a Clinical Assessment Unit?

Objectives

- *To reduce unscheduled admissions*
- *To reduce length of stay to less than 2 days for patients who could be managed in the unit and followed up in the community*



Clinical Assessment Unit

- Medical Nurse Practitioners
- Consultant Ward Round per day
- Average stay 48 hours
- District Nurse, Social Service and Case managers attend at morning of admission



Commissioning Plan

1. Clinical Assessment and Treatment Units
2. Single Point of Access
3. Chest Pain Unit
4. Rapid response community team
5. GP in A&E
6. COPD team



Commissioning Plan

1. Clinical Assessment and Treatment Units
2. **Single Point of Access**
3. Chest Pain Unit
4. Rapid response community team
5. GP in A&E
6. COPD team



Single Point of Access

- All admissions
- Presentation to Junior staff at A&E
- Presentation to out-of-area clinicians
- Difficulty in remembering new services
- Difficulty in getting in contact



Single Point of Access

- 24 hour, 7 day service
- All admissions referred through this single route
- Standard set of information available
- Acts solely with the agreement of the referring clinician
- Has real-time information on alternate services available within the community



How procured?

1. CATUs (Pilot by provider services)
2. Single Point of Access (Pilot by provider services)
3. Chest Pain Unit (Purchased from sitting provider)
4. Rapid response community team (Mixture)
5. GP in A&E (Purchased from Outside Provider)
6. COPD team (Open Tender)



Assessment of Pilots

1. Quality of Care
2. Clinician Engagement
3. Reduction of Emergency Admissions



