



Practice Based Commissioning Proposals for 2008/09

**Presentation to PEC
17 January 2008**

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OBJECTIVES



- Unscheduled care - To commission services closer to home, shifting the emphasis of care from the acute sector to care in the community and where possible self care e.g. enhanced community services; management of terminally ill patients at home
- Elective care - To move care to local community settings where appropriate, achieving better value for the NHS resource, freeing up capacity in secondary care, enabling waiting times to be reduced and supporting achievement of the 18 week priority/no delays e.g. interface services; direct access to diagnostics
- To support the World Class Commissioning objectives of “Adding life to years and years to life”
- To ensure practices remain engaged in PBC and managing their expectations

KEY PRIORITIES AND ACTIONS



- To implement current practice based commissioning plans, as outlined in PBC Commissioning Plan for 2007/08 and to develop a strategy to take forward practice based commissioning for 2008/09
- To develop practice based commissioning, including the framework, infrastructure, and capacity and capability of WHC and primary care. This will involve independent contractors including pharmacists, optometrists and general dental practitioners
- To develop plans for expanding the range of services available in primary care as an alternative to secondary care – for urgent care, chronic diseases, and planned care
- To maintain practice engagement.

APPROACH



- Briefing on the Annual Public Health Report 2006/07 to the Board in November
- Development of a process to evaluate outline practice based commissioning proposals (November 2007)
- Process shared with practices at Locality meetings (November 2007)
- Template for practices to complete issued 19 November 2007
- 50 outline commissioning proposals received from approximately 25 practices (14 December 2007)
- Board meeting assessed these schemes using an approach developed by the NHS Institute for Innovation and Improvement (19 December 2007)
- Work programme in place for January to develop proposals with PCT, GPs and external support
- Presentation to PEC (17 January 2008)
- Board to review draft plan (23 January 2008)
- Commissioning plan submitted to PCT (31 January 2008)

PRIORITIES



Projects grouped into effectively six areas:

- Emergency Admissions
- Primary Mental Health Services
- Diabetes
- Interface Services
- Diagnostics
- Public Health Initiatives

EMERGENCY ADMISSIONS



Objectives:

- To reduce inappropriate emergency admissions to acute hospitals
- To generate opportunities to reinvest in care closer to home

Focus On:

- Falls Service
- COPD Incentive Scheme (links to 2007/08 plan)
- EMI nursing home
- Services for terminally ill patients
- Schemes outlined in 2007/08 plan
 - Expanding the GP in Acute Care Service to include primary care triage in the A&E departments
 - Commission additional community services in response to gaps in service or where demand exceeds capacity as identified by Somerset Primary Link Service

Way Forward:

- Communicate with UCIG
- Work up commissioning proposals



PRIMARY CARE MENTAL HEALTH SERVICE

Objectives:

- To shift care closer to the patient's home
- To provide a service to satisfy an un-met need

Focus On:

- Sufficient practice based counselling to meet population needs
- Timely access to cognitive behaviour therapy
- Consistent access to CPN/Link workers
- Access to a range of non-pharmacological therapies
- Integrates effectively with other mental health services

Way Forward:

- Work with the PCT following the consultation exercise

DIABETES



Objectives:

- To shift care closer to home
- To achieve savings by better management of patients to prevent complications
- To achieve savings by enabling practices to convert patients who require it to insulin, without the need to access secondary care
- To avoid emergency admissions and to reduce outpatient attendances

Focus On:

- Community based services
- Opportunities to improve patient education/self-care/exercise

Way Forward:

- Work with PCT NSF Diabetes LIT.

INTERFACE SERVICES



Objectives:

- To provide care closer to home
- To support the delivery of the 18 week/no delay targets
- To generate opportunities to re-invest in services closer to home by reducing the number of referrals to consultants and to improve the management of follow ups

Focus On:

- Orthopaedic
- ENT
- Gynae
- Primary Eyecare Acute Referral Service (PEARS)
- Dermatology
- DVT

Way Forward:

- Develop commissioning proposals
- Identify the potential financial savings

DIAGNOSTICS



Objectives:

- To ensure the equity of access across Somerset
- To support the delivery of “No delays”

Focus On:

- Potential services proposed to be commissioned including: Direct access to investigations; 24 hour ECGs
- Develop care pathways to make appropriate use of direct access to diagnostics

Way Forward:

- Undertake a GP survey to identify service gaps and un-met needs to ensure delivery of No delays service

PUBLIC HEALTH



Objectives:

- Schemes that can make a difference at practice level: improving patient experience; better access
- Addressing the public health agenda
- Opportunity to pilot schemes that may be developed further

Focus On:

- Young Persons Clinic
- Homeless people
- Community Dietetics Service

Way Forward:

- Develop commissioning proposals
- Take a pilot approach to schemes

SUMMARY



	Health Need	Patient Experience	Delivering VfM	Care closer to home	“No delays”
Emergency Admissions	✓	✓	✓	✓	✓
Primary Care Mental Health	✓	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓	✓
Interface Services	-	✓	✓	✓	✓
Diagnostics	-	✓	-	✓	✓
Public Health	✓	✓	✓	✓	-

PLANNING FOR 2009/10 AND BEYOND



- Specific commissioning proposals being delayed to 09/10
 - Rheumatology interface service
 - A&E Access to Primary Link
- Making greater use of health fund flexibilities
- Proposed further investment in Tier 1 and Tier 2 proposals
- Progressing the 'World Class Commissioning' agenda