

Practice Based Commissioning

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PBC - Overview

- What is it? Why do we need it?
- What's in it for patients?
- What is the clinician's role?
- Where might we get with it – Vision?
- What are the local arrangements?
- How does PBCers influence wider commissioning?
- Governance/support arrangements between PCT and PBCers
- User involvement

Reference documents

- The New NHS 1998
- Department of Health guidance “Engaging Practices in Commissioning”
October 2004
- “Practice Based Commissioning: Promoting clinical engagement”
December 2004
- Making Practice Based Commissioning a Reality: Technical Guidance
February 2005
- “Practice Based Commissioning: achieving universal coverage”
January 2006
- Practice based commissioning: practical implementation
November 2006

What is PBC? Why do we need it?

- Mechanism for involving GP practices in commissioning
 - Identifying needs
 - Agreeing priorities
 - Planning service delivery
 - Contracting
 - Monitoring outcomes
- Balance to Payment by Results

What are the intended patient benefits?

- Higher quality services
- Better coordination of care
- Improved patient experience
- Improvements greatest for those in greatest health need
- Better health – increased life expectancy

What is the role for Clinicians?

- Drive improvements in care
 - Clinical Leadership – changing culture
 - Service Redesign
- Working in partnership
 - PCT
 - Between GP practices and professionals
 - Other health sectors
 - Social care
 - Patients/Local Government

Insanity is continuing to do the same things and expecting different results.

Albert Einstein

Vision

- Investment in health and prevention
- Patient Empowerment
- Access to a wider range of health professionals
- Extended services at a local practice
- Greater coordination between health sectors
- Greater coordination between health and social care

Local PBC Arrangements

- Buckinghamshire PCT
- Commissioning collaboratives
 - United Commissioning
 - The Buckinghamshire Collaborative
 - Wycombe
 - C&SB
- New health provider organisations
 - Vale Health, Practice Networks, “Bucks Collaborative”

4 Commissioning Rules

- Demonstrates clear clinical benefits, quality outcomes and clear standards
- Delivers against key targets set out in government papers
- Assists in achieving financial health
- Reduces demand for NHS resources

How does PBC influence commissioning?

- Contribution to Local delivery plan
- Clinical workstreams on service redesign
- Clinical leadership
 - Scheduled care
 - Unscheduled care
 - Collaboratives
- Innovation - Invest to save schemes

Financing and Monitoring

- Indicative budgets – moving from an historical to a capitation based budget
- PCTs responsible for providing data to monitor activity and expenditure
- Practices entitled to keep at least 70% of freed up resources - unless PCT subject to formal turnaround arrangements
- Freed up resources used to address local and national priorities

Governance of service redesign

- Service specification determined with PCT
- PCT acts as approver and contractor
- PEC has governance function
- Tendering not normally required – may be if service monopoly is created

User Involvement

- Patient voice
- Public Communication