Practice Based Commissioning

Improving Primary Care/ PBC Local Incentive Scheme 2009/10

The Current Situation

The current financial allocation to Practice Based Commissioning (PBC) is £946,000 plus an innovation fund of £250,000. The breakdown of the Improving Primary Care LES for 2008/9 is shown in Appendix 1. **(Nb it is recommended that the current scheme is renamed a Local Incentive Scheme (LIS) as this more accurately reflects its purpose and is in line with National Policy)**

What are the 'must dos' for 09/10?

World Class Commissioning

PBC should lead continuous and meaningful engagement with clinicians to inform strategy, and drive quality, service design and resource utilisation.

1. Indicative budgets by 1 May.
2. 8 Week turnaround of business cases.
3. Management and financial information.
4. Management and financial support :'*As a minimum a management allowance, designated support from PCT staff and a plan setting out how the PCT plans to support PBC development needs.'*
5. Local incentive schemes.

(ref Clinical Commissioning : Our Vision for Practice Based Commissioning March 09)

Outline of the scheme for 2009/10

The LIS for 2009/10 is firmly rooted in the achievement of meaningful clinical engagement into practice based commissioning and also World Class Commissioning (WCC). Practices must demonstrate active involvement in this process. The emphasis is upon 'consortium working' in order to facilitate clinical commissioning. The term 'neighbourhood' is to be replaced by consortia or group, which will place the focus upon purpose and does not imply a geographical focus.

NB Definition of a consortium: A group of individuals or companies formed to undertake an enterprise or activity that would be beyond the capabilities of the individual members.

Following discussion with PBC groups, members of Rotherham PBC group and NHS Rotherham, a number of suggestions were made. This proposal is the result of these discussions.

The groups operate quite distinctly at present, some being self sufficient, some having external management consultancy (funded by pooled group resources), others utilising NHS Rotherham resources. It is not intended to adopt a 'one size fits all approach'.

The LIS for 2009/10 will achieve the following:

1. Facilitate clinical engagement across the PCT area, within and external to the PCT: The system should be equitable across practices and make distinction between elements which are based upon practice size and those which are fixed ie will be the same regardless of practice size. It should encourage engagement without being prescriptive about how this is to be achieved. **The focus must be upon outcomes and not process.**

2. Must be in line with the current PCT arrangements with regard to the engagement of clinicians.

3. Should fit in with the current thinking around splitting the current LESs into clinical and a basket of incentives around PBC.

4. Should include incentives which are realistic and attainable. It must not be a vehicle for incentivising unintended behaviour.

5. Should include and identify the management resource.

6. Should be within the existing budget for PBC.

7. Must deliver value for money.

Part 1: Top Slice: Rotherham PBC Group:

The monies are **top-sliced** to cover the cost of the Rotherham PBC Group (Formerly PBC advisory Group):

Cost: (*NB based upon current PE rates*)

Cost of Chair (6 sessions per month):	£13,170
Cost of lead GP attendance : (7 GPS for 12 meetings of 4 hours)	£16,389 (£195 per session)
Preparation session (3 hours) (7 GPs):	£12,292
Total:	**£41,851**

NB: Current PE members are paid 1.5 days per month, to cover meeting, preparation and liaison with other GP members). It is suggested that the liaison session would be covered within the existing arrangements for PBC groups, however a preparation session is included. .

This directly mirrors the arrangements for other clinical committees such as the Professional Executive (PE).

Part 2: The remainder of the monies:

A LIS consisting of the following components :

1. **Engagement with the process of PBC**; this will include work at practice level, as well as work contributing to the running of a local consortium, so payment includes an element independent of practice size, and an element linked to patient numbers; **£3k per practice plus £1.75 per patient (maximum payment).**

   Consortium Working: Each consortium would be required to nominate a GP representative (and deputy) to link into the Rotherham PBC group (attendance for 10 out of 12 meetings). Information regarding the areas for discussion at each meeting will be provided well in advance, and each practice will ensure that the views of individual clinicians are fed by some route to a designated Lead for the group who will attend that meeting. If a consortium is unable to provide a RPBC representative for a minimum of 10 meetings then the payments for this section will be reduced pro rata across the group. *NB it is expected that consortia will meet for a minimum of 6 times per year with formal minutes kept.*

   Evidence will need to be provided of information flow between Lead GP and other practices, as well as into the RPBC group. Business Cases may well originate at practice level but would often be 'worked up' across a group, utilising the PCT management support.
   Costs for administrative and management support for the day-to-day running of group and practice activities are included in this funding.

   Practice Level working: Each practice will need to demonstrate engagement with clinical and PCT priorities. This will include

   - Showing active involvement in Programme areas.
   - Maintenance of referral logs and use of MIDAS to investigate outliers. Demonstration of 6 practice-level meetings per year minimum.
   - Showing that there had been active engagement and investigation into areas of work being brought to the PBC Group eg referrals to Ambulatory Care Sensitive Conditions, core Programme areas such as Child Health, as well as areas important to and identified at practice level.
   - For 2009/10 a key focus will be upon the improvement of breast feeding data.

   Reporting to take place on a quarterly basis and payments made appropriately. The assessment for payment will be undertaken by a team including Clinical Lead, PBC Manager and Finance Lead. Recommendations for payment will need to be signed off by the Approval Committee.

2. **Budgetary Management**: Management of Secondary care and prescribing budget. As in the 'Improving Primary Care LES 2008/9' this will offer practices that underspend the opportunity to benefit from those savings whilst protecting the overall interests and financial duties of the PCT. (25/pt for break even against secondary care budget and 80/pt max for breakeven against prescribing(this is graded according to level of underspend)

As in 2008/9 the secondary care and prescribing budgets will be unified together and grouped across all practices. Practices will continue to receive indicative budgets at practice level, which will be the budgets against which they may wish to develop business cases. These will also be the budgets against which the practices are assessed against for the incentive component in budgetary management.
Should the total PCT pot be under spent as a whole at the end of 2009/10, then 70% of this total under spend will be made available to those practices who have under spent their practice indicative budget (on a pro-rata basis). Should the total PCT PBC pot be over spent at the end of 2009/10, then no freed-up resources will be made available to any practices.

The budget will be broken down to practice level, and any freed-up resources against the total Rotherham PBC budget would be made available to under spending practices on a proportional basis.

Should freed-up resources be achieved by practices, then any payments received either through the locally enhanced service or the Innovation Fund will be the first call on the freed-up resources. This is consistent with the treatment of under spends in previous years.

3. **Choice/ Choose and Book (30p/pt)** :
   There is agreement that 'Choice' or 'choose and book' should be included in the LIS, however this is a lack of agreement about which of these should be included and how these should be measured.

Assessment and allocation of rewards

Prior to sign up of the Incentive Scheme, a more detailed document will be produced, which will give details of the evidence that will be required to meet the criteria for each component of the incentive scheme. It is recognised that areas such as Consortia working may be demonstrated differently in different groups and it is not the intention to dictate ways of working.

Quarterly monitoring will be undertaken and recommendations for payment will be received and assessed by the Approvals Committee.

Breakdown of each Element

Component	Overview	Total component	Notes
Consortium working		**£3,000 per practice**	**Paid in quarterly instalments**
Practice level working	**PCT priorities**	**£1.75 per patient**	**Paid in quarterly instalments**

Includes development of business cases	**Programme Areas**		
	MIDAS/referrals		
	Rotherham PBC group priorities		
Budget Management	**Secondary Care**	**25p**	**Start up and final component**
	Prescribing	**80p**	**Start up and final component**
Choice	**80% of patients should be offered choice.**	**30p**	**Paid in quarterly instalments**
Total		**£3.10**	

Management Support

Each component is sufficiently resourced to allow for the groups to make their own management arrangements. This includes organising consortia meetings, chasing people up and maintaining information flow. The PCT is providing the following management support to facilitate the Rotherham PBC group, attend consortia meetings (upon request) as well as assist with the development of business cases*:*

- Commissioning Manager
- Commissioning Support Officer
- Access to the Programme Lead and support staff as required.
- Access to PCT staff in finance and information as required.
- Access to representatives from Public health as required.
- Dedicated Prescribing Representative

Future Considerations

Patient involvement: This must be demonstrated with regard to business cases and should be implicit in the development of business cases and also the evaluation. It is recognised that this is multifaceted and that in order to be included in the LIS for next year there will need to be further work done.

Review

It is suggested that the LIS is reviewed in December 2009, in order to inform decisions for any future schemes. This will be facilitated by quarterly reporting.

Dave Tooth/ Dawn Anderson
5 June 2009.

Appendix 1 LES Agreement 2008/9

In 2008/9 this amount was used to fund an Improving Primary Care LES. The components are detailed below:

PBC LES Component	Value	Total value(£)
Practice to practice working: including joint development of business proposals	40p	101,600
Delivery of Better patient outcomes	70p	177,800
Secondary care Management	80p	203,200
Budgetary Management : - Secondary care budget - Prescribing	30p £1.00	76,200 254,000
Choose and Book	50p	127,000
Total value per patient	**£3.70**	
Total across Rotherham population (254,000)	**£939,800**	**939,800**