NHS
Rotherham

Practice Based Commissioning

Improving Primary Care/ PBC Local Incentive Scheme (LIS) 2009/10

Outline of the scheme for 2009/10

The Local Incentive Scheme (LIS) for 2009/10 is firmly rooted in the achievement of meaningful clinical engagement into Practice Based Commissioning (PBC) and also World Class Commissioning (WCC). An allocation of £946K has been made available to incentivise this involvement, as well as an innovation fund of £250K. 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.

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 paper is the result of these discussions. It was endorsed by the PCT Trust board on Monday 15th June 2009.

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 aim to achieve the following:

1. Facilitate clinical engagement across the PCT area, within and external to the PCT: The scheme aims to 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. **The focus will be upon outcomes and not process.**

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

3. Fit with the current thinking around splitting the 0809 LES into clinical aspects and a basket of incentives around PBC.

4. Include incentives which are realistic and attainable, and avoid incentivising unintended behaviour.

5. Identify the management resource.

6. Remain within the budget for PBC.

7. Deliver value for money.

There are 4 distinct elements to the incentive scheme for 2009/10:

1. Contribution to Rotherham PBC Group
2. Clinical Engagement: At practice and consortia-level
3. Budgetary management
4. Choose and Book

1. Rotherham PBC Group

This is a clinically-led group. The focus of this group is the exchange of ideas between consortia and also NHS Rotherham. Each representative will be responsible for gathering the views of their consortium and representing them in discussions at the RPBCG monthly meetings. Agendas will be focussed upon strategic items, as well as current operational issues. The focus of this group will be clinical commissioning. The agenda will be set jointly by the GP Lead and NHS Rotherham.

Each month a programme area will be chosen (these will be scheduled in well in advance) allowing an annual review of NHS Rotherham's WCC aspirations. Background information will be circulated to every GP and Practice with the aim of stimulating discussion. Views are expected to be fed back up to and discussed at consortium level, and then presented by a representative from each consortium at the PBC Group. Relevant PCT Managers and operational staff active in each area will attend meetings to receive these views in the hope that future commissioning decisions can reflect the priorities of patients as perceived by the Rotherham GP community.

Existing service contracts will also be reviewed in sequence throughout the year, with views sought in a similar manner.

Activity at practice and consortium level will also be reported and shared at the PBC Group meetings to facilitate the spread of ideas and best practice.

Each representative will be paid following attendance (representatives will need to submit an invoice). Each consortium will nominate a lead GP and Deputy GP. A maximum payment of **£341** per session will be claimable by each GP (this includes a 4 hour meeting and 3 hours of preparation time). In the event that neither the lead nor deputy is able to attend the meeting another clinical representative should attend. If a managerial representative attends, this will not be counted as clinical attendance. Clinical attendance must be demonstrated at 80% of the meetings or the payments for clinical engagement for the whole of the consortium (£3,000 per practice plus £1.75) will be reduced.

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

2. Clinical Engagement: £3,000 per practice plus up to £1.75 per patient.

There are two distinct areas of achievement:

(i) **Practice Level Working**: Each practice will need to demonstrate engagement with clinical and PCT priorities. This will include:

a. Showing active involvement in Programme areas.
b. Maintenance of referral logs and use of MIDAS to investigate outliers. Demonstration of 6 practice-level meetings per year minimum.
c. 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.
d. For 2009/10 a key focus will be upon the improvement of breast feeding data.

It is the responsibility of each practice to ensure that the views of individual clinicians are communicated, by some route, to a designated Lead for the group. It should also be evidenced that the work done at this level is fed into the consortia.

(ii) Consortium Working: Each GP practice should identify a lead GP to represent them at the consortium. *NB it is expected that consortia will meet for a minimum of 6 times per year with formal minutes and action notes kept.*

Evidence will need to be provided of information flow between Lead GP and other practices within the consortium. Business Cases may well originate at practice level but would often be 'worked up' across a group, utilising the PCT management support.

NB Costs for administrative and management support for the day-to-day running of group and practice activities are included in this funding.

Reporting/ Assessment Timetable

Reporting will place on a quarterly basis and payments will be 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. The precise details of evidence will be less important than a clear commitment to the underlying concept of clinician engagement with PCT commissioning priorities.

3. **Budgetary Management (25p/pt breakeven Secondary care, 80p/pt Prescribing)**: 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. The focus of this area is upon active involvement in the budgets and practices that do not achieve breakeven but can demonstrate that they

have actively investigated the reasons behind this and can explain why this has happened and how this could be improved may still receive this payment.

As in 2008/9 the secondary care and prescribing budgets will be linked 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 incentive scheme 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.

Practices that have under spent their allocated prescribing budget by 5% or greater will receive 0.80p/patient for managing their prescribing budget, 0.60p/patient for an under spend of between 2.5% and 5%, and 0.40p/patient for under spends of between 0.01-2.5%. This payment will be practice income.

4. **Choose and Book (30p/pt)** :

NHS Rotherham is keen to continue the promotion of Choose and Book, particularly with the likely advent of electronic referral letters.

This element will focus upon utilisation (unique booking reference number –UBRNS) of Choose and Book system for first consultant outpatient appointments over the period July 2009 until end of March 2010.

10p/pt for submission of Practice Application agreeing to achieve a minimum of 65% utilisation and nomination of practice representative for choose and book users group.

10p/pt on achieving 65% utilisation (converted UBRNS) over the period July 2009 until end of March 2010.

10p/pt on achieving 90% utilisation (converted UBRNS) over the period July 2009 until end March 2010.

NB: Percentages will be adjusted to reflect the proportion of referrals that can be made using this system.

Assessment and allocation of rewards

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**	**Paid at year end**
	Prescribing	**80p**	**Paid at year end**
Choose and Book		**30p**	**Start up and final component**
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
- Commissioning Administrative 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

Further Considerations

Patient / Public involvement: This must be demonstrated with regard to business cases and should be implicit in the development of business cases and also the evaluation.

Practice Feedback
NHS Rotherham will be undertaking a survey to gain practice views. This will form part of the evidence with regard to engagement and all practices will be required to respond.

Fair Shares and budget setting.
This is an area of on-going development.

Review

It is planned to review the scheme in December 2009 in order to make recommendations for 20010/11. Quarterly review will facilitate this process.

July 2009