

Practice based commissioning

Trish O’Gorman explains what the Improvement Foundation’s Practice Based Commissioning programme offers nurses

The Improvement Foundation has been commissioned by the Department of Health to run the support programme to help primary care trusts (PCTs) and practices with the implementation of Practice Based Commissioning (PBC). The programme aims to support:

- engagement with local clinicians in the re-design of services
- re-design of commissioning systems to support improved service delivery and the move towards truly patient centred commissioning, in line with the ambitions of the 2006 White Paper *Our health our care our say*
- faster universal roll-out of PBC
- support the development of PCTs and practices to deliver PBC.

More than 70 per cent of PCTs have signed up to the three waves of the programme. The first wave started in January, the second in June, and the third in October 2006.

Teams of clinicians, managers and patients from practices, the PCT and other stakeholders including community teams, social services, acute trusts and voluntary organisations participate on the programme. The teams come together regularly at national events and local meetings to share progress and agree actions to continue moving forwards in the implementation of PBC and re-design of chosen service areas. The programme comprises:

- a preparatory period to ensure PCTs and practices have their data, informatics and finance structure and functions in place
- an assessment point that will determine the PCT and practice readiness to progress
- a collaborative process to engage local clinicians in the practicalities of PBC as a means of delivering improved services.

Service areas

Sites are working on different service areas, covering one from scheduled and one from unscheduled care, that are felt to be priority areas for primary care nationally, and appropriate for care pathway re-design and the development of PBC models.

The collaborative methodology spreads existing and developing knowledge. It shortens the discovery period for participants who wish to implement an improvement, introduces them to people who have already solved some of the problems, and pro-actively assists the implementation and measurement of change in their own organisations. The three two-day learning workshops that the teams attend focus on service re-design examples, presented by practices and PCTs to

show what can be achieved in a number of service areas. Examples of service changes in first wave sites include:

- developments and expansions of clinical assessment services
- the establishment of a primary care respiratory service
- a primary care diabetes service (lead by a nurse consultant reducing wait times for patients)
- improved identification and management of people with long term conditions (LTC) using the Unique Care Model, resulting in reduced hospital admissions and bed days
- triage of orthopaedic referrals in primary care, reducing numbers of referrals going on to secondary care
- peer to peer patient education about self management of chronic obstructive pulmonary disease (COPD)
- improving skill mix in ENT using GPwSI and specialist nurses in primary care undertaking minor procedures
- pulmonary rehabilitation, involving primary care management and access to leisure facilities, reducing hospital admissions and improving health and quality of life
- dermatology outreach clinics set up with consultants
- development of a community sexual health service
- a practice based and funded mental health team including a mental health nurse, counsellor and graduate mental health worker
- repatriation of diabetic patients from secondary care back to practice

Box 1. Nurse led service changes

Community matrons in Durham Dales have developed the LTC strategy for the PCT and manage the work of the LTC team, which comprises community matrons, social workers and the patient involvement facilitator

Community matrons in Bury are involved in service redesign and have achieved progress towards integrated working through the development of new pathways and networks (20 per cent of their job is commissioning)

A community matron from Derby Dales is working to break down barriers and improve pathways. She is trying to organise direct admission routes with the local acute trust so that she can admit directly onto a ward rather than having to go through the traditional GP/A&E/ward route

The lead nurse for a practice multi-disciplinary team in Devon manages their admission avoidance work and has led the nursing team’s change of role and emphasis, which ensured the development of improved services

Two community matrons from the Uttlesford locality of West Essex PCT are members of the Locality Commissioning Group and are influencing decisions about services

- development of a primary care carpal tunnel service
- wound care managed in the community rather than hospital
- deep vein thrombosis (DVT) pathways for primary care including training of district nurses to give injections at weekends
- enhanced minor surgery provided in primary care with a consultant.

Examples of innovations with specific nursing involvement are outlined in Box 1.

Parallel learning

Alongside the formal programme, the Improvement Foundation has delivered a number of interventions open to all PCTs and practices. These include local learning exchanges, one-day simulation events and web casts that practice staff can access at lunchtime. The Improvement Foundation has also developed its website for PBC with PBC tools, guidance and resources on the website as well as a web forum ■

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- Further details of the programme are available at www.improvementfoundation.org