

HUNTSCOMM

'Commissioning for your Community'

Practice Based Commissioning in Huntingdonshire

PROPOSAL DOCUMENT

February 2006

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Introduction

Primary Care is facing its biggest upheaval for many years. It could be argued that the opportunities offered by Practice Based Commissioning (PbC) are as significant as the formation of the NHS in 1948. The role of clinicians in commissioning health services is to ensure that patients benefit from clinical involvement in the planning of local services, without losing what already works well. The pace of change imposed on clinicians and others within the health care community is quite daunting but this is countered by the huge potential that these changes bring.

In developing PbC in Huntingdonshire development of a new Huntingdonshire PbC organisation – HuntsComm – is proposed. This will be formed by the collective commissioning of PbC practices in the Huntingdonshire locality.

This proposal is fully congruent with Government requirements and ambition, moving health care closer to the patient. The White Paper published on 30 January 2006 outlines the Government's ambition to develop community-based care as a core principle of the new NHS. HuntsComm will build upon everything that has worked well to date and maximise the opportunities for innovation and excellence within Primary Care in the years to come. It will allow individual practices to avoid the potential pitfalls of PbC and offer advantages over and above those which an individual practice could achieve. There will be a strong clinical drive, with the emphasis on excellence in clinical care.

Huntingdonshire has a long history of cooperative working between clinicians - and HuntsComm has been born out of that history. Laid out for consideration in the following pages is the vision for HuntsComm and the principals upon which it will work.

The Development and Progress of HuntsComm Working Party

It was recognised as far back as late summer 2005 that some form of a steering group was required to take forward and consolidate the concept of a consortium to support the roll-out of PbC across Huntingdonshire.

A formal Working Party was set up to develop the HuntsComm idea consisting of GPs from across the patch, namely Arun Aggarwal, Susan Babbington, Dennis Cox, David Irwin, Duncan Outram, Mark Sanderson, Eira Trewavas, Luke Twelves, Richard Weyell and Andrew Wright.

Specific Terms of Reference were formulated in order to plan the development of HuntsComm as an independent organisation to offer support to practice based commissioning across all general practices within the Huntingdonshire PCT area. Its remit was to work with Huntingdonshire Primary Care Trust to agree budget arrangements, to oversee the structure and implementation of HuntsComm and to identify an appropriate management structure, with financial accountability to Hunts PCT.

The specific objectives of the Working Party were:-

- a) To involve representatives from all practices in the decision making process;
- b) To co-ordinate discussions and agreement with the PCT on management support and budget arrangements;
- c) To work with the PCT to set up a suitable management committee;
- d) To plan and coordinate implementation of a formal organisation;
- e) To seek legal advice on development of organisational status;
- f) To develop a vision for how HuntsComm might commission services for general practice.

The HuntsComm Working Party has developed four core areas around which the development of PbC can proceed. These are:-

- **Risk management** – opportunities for collective primary care commissioning on a Huntingdonshire-wide level, allowing clinicians to maximise the opportunities that PbC presents, whilst negating the risk for individual practices and also ensuring the highest level clinical governance and management.
- **Service redesign** – opportunities to develop new and innovative services for the patient and streamline current processes where required. This will allow navigation of the patient to the appropriate service.
- **Investment in Primary Care** – to bring care close to the patient and to increase community-based services will require investment. Extra work in primary care needs extra resources. This core area details how the opportunities for spend to save and genuine, actual investment in Primary Care will happen.
- **Election to the HuntsComm Committee** – HuntsComm will be clinician-led. This core area details the process by which HuntsComm will remain responsive to the Huntingdonshire Primary Care community.

Risk Management

Principles for Commissioning as HuntsComm

The Working Party has developed a set of principles that guide the development of HuntsComm. Commissioning needs to be:-

- Local – as most healthcare for Huntingdonshire residents occurs locally;
- Focussed principally on the area of Huntingdonshire – this is our natural healthcare community, being the area covered by Huntingdonshire PCT, the main catchment population for Hinchingsbrooke Healthcare NHS Trust, and covered by the out-of-hours organisation, HuntsDoc (a successful GP organisation that local GPs have worked in for a number of years);
- Redeveloping services with our local providers, especially Hinchingsbrooke Healthcare NHS Trust.

By virtue of its focus on local services, priorities for commissioning will focus on healthcare that is:

- High volume
- Low cost
- Low technology

Commissioning areas

It is strongly believed the best of the local commissioning process to date should be retained. It is proposed that GP surgeries would not commission services themselves, but would delegate that task to HuntsComm or, if more specialist, the commissioning would be retained by the PCT. This would provide the most effective commissioning model. Over the years to come the role and position of commissioning may alter slightly but the principles will be retained.

HuntsComm would principally commission secondary care, community care and diagnostics. The new PCT should take the lead on commissioning healthcare that is more specialist and high cost, for example tertiary services, and would also commission

primary care services. In discussion with Huntingdonshire PCT the commissioning boundaries are outlined in Appendix 1.

To ensure that doctors in practices are engaged with HuntsComm and the commissioning process, a Strategic Committee will set the direction of the organisation and will have a GP predominance. This will be discussed later in the section on 'Representation'.

Service Redesign

Central to the philosophy of developing HuntsComm, collective commissioning enables service redesign and development in a way that an individual practice cannot hope to achieve. -HuntsComm:- would adopt the following principles of service redesign

The Patient

- The core principle in this area is that service redesign should be patient-focussed with the definite aim of bringing health care closer to the patient and having community-based services, where appropriate.
- Navigating the patient to the right place first time, every time – leading the patient through Choose & Book.
- Development of new ways of working, including 'one-stop-shops' and virtual clinics, minimising inconvenience and time wasted for the patient.

The Referrer

- Patient navigation systems will reduce the administration burden on individual practices of Choose & Book, whilst still facilitating true choice for the patient.
- Expansion of clear referral pathways to guide the clinician through the myriad of available services.
- Support for practices in the development of electronic referral systems.
- Development of interactive services including email advice.
- Exploration of the concept of development of appropriate triage service in clinical pathways.

The Receiver

- Development of new ways of working, including 'one-stop-shops' and virtual clinics, minimising inconvenience and time wasted for the receiver.
- Utilising the expertise of the receiver appropriately, ensuring the potential for job satisfaction and ensuring value for money.
- Efficient navigation will ensure that when patients attend, the appropriate investigations are available to the clinician, minimising inappropriate follow-ups and freeing up capacity for new patients.

Investment in Primary Care

One of the opportunities of the Practice Based Commissioning HuntsComm model is that spending can take place now in order to save later. Pump-priming innovation has been shown to be very effective through much of the work of Hunts PCT. This model has also been tried and tested across the country. With the expansion of primary care and the Government's core principle future community-based care, there needs to be the development of capacity in order to service this. It is essential that if extra work is done, this needs to be adequately resourced. There is very clear Government guidance that investment/incentive schemes are core to the effective development of PbC. At the same time, it has to be ensured that any additional investment in primary care can be justified and is transparent. The following two methods of investment in primary care have been proposed.

Commissioning Investment Agreement (CIA)

The Prescribing Incentive Agreement (PIA) is already a proven effective tool locally. The proposal therefore is to use similar principles when considering commissioning. The CIA is a system that ensures any work done by the practice on behalf of HuntsComm is adequately resourced. It will also ensure that those practices that have already put in considerable investment and effort do not lose out. The system will ensure good clinical governance and avoid perverse incentives.

The investment scheme will encourage good practice. Examples of some of the potential areas include:-

- Prescribing
- Referrals
- Follow-ups
- Use of diagnostics
- Audit

It is envisaged at this stage that approximately 15% of PbC savings will be reinvested in primary care by this method.

Funding by Investment (FBI)

The bulk of PbC savings (~85%) will be invested across the locality of Huntingdonshire. This will enable the required investment in service redesign and development of new services. It will also involve direct investment in specific areas to develop new pathways and increase capacity within primary care. Areas that will be specifically targeted include staff training, staff recruitment and premises development. The processes behind this will be clear and transparent to all.

'Spend to save' allows investment now, to develop capacity which will achieve savings in the future. Individual practices relying on PbC savings would potentially have to wait 18 months for money to be realised. This alone will allow local development of services faster and more innovatively than by any other system.

The HuntsComm Committee

HuntsComm is truly innovative - but it is also a major undertaking. For HuntsComm to succeed it requires effective clinical leadership and appropriate management support. It also needs to command the confidence of local clinicians. It is planned that HuntsComm will function with direction set by an elected Strategic Committee, with advice from clinical leads and multi-disciplinary teams on particular patient groups/pathways implemented by a management team, including an appointed Medical Director.

The Role of the Strategic Committee is to:-

- Set the strategic direction of HuntsComm
- Agree the programme of work: identify clinical leads to work with clinical groups to re-design pathways;
- Communicate with stakeholders on the work of HuntsComm;
- Agree the Commissioning Incentive Agreement *
- Agree plans for investment and 'spend to save' projects based on transparent principles;*
- Appoint and oversee the work of the management team and medical director;
- Take responsibility for the budget.

** a discussion subject to PCT approval*

Role of clinical leads, clinical groups with the management team is to:

- Review particular service areas/pathways
- Develop detailed plans for redesign, investment and/or spend to save proposals
- Oversee implementation

Terms of Reference of the Strategic Committee

Structure -The Committee will consist of 5 voting members and 6 non-voting members.

Voting members

4 GPs and one nurse appointed by an election process

Non-Voting members

Practice manager (nominated by the practice managers' group)

Lay member

The medical director

A clinical PCT member

A PCT manager

Senior HuntsComm manager

The Chair will be elected by the Committee.

Voting Rights

The voting rights are confined to clinicians who refer patients from primary to secondary care and who have made a formal commitment to join HuntsComm. Specific details of these voting rights will be enshrined within the HuntsComm Constitution.

Responsibilities

The Committee members will act as individuals not representatives of particular groups. There will be a commitment to multidisciplinary working. The responsibility of the Committee will be to set strategic direction and thus there is a distinction between the work of the Committee and the implementation of the strategy which will be undertaken by HuntsComm managers and clinically-led groups under the supervision of the Medical Director.

Remuneration

At a rate which relates to clinical substitution.

Time commitment of elected Strategic Committee members

Four sessions per month.

The election process

This will be supervised by the PCT as an independent adjudicator. The process behind ensuring a fair election process has been discussed with the LMC. The following time-scale will be followed:-

- Practices to sign up by **28th February**
- Close for nominations for members of the Committee **6th March**
- Formal launch of HuntsComm **3rd April**

Finance

It is proposed that the PCT pays all Practice Based Commissioning payments for participating practices to HuntsComm (e.g. the Directed Enhanced Service).

HuntsComm would use the funding :

- to pay for management /clinical time running HuntsComm
- to pay practices within the agreed CIA framework

In addition HuntsComm will require support from the PCT.

Table 1 – Proposed Budget Responsibilities between HuntsComm and PCT

PCT	HuntsComm
Emergency Ambulance Service * Specialist commissioning Prisons secondary care * Learning Disability Medium secure and specialist mental health NPfIT * potential for transfer to HuntsComm in future	Elective care – high risk “specialist” “Specialist” out-patients Older peoples’ services (S31) Provider / Community services including Palliative Care Mental health Voluntary sector Emergency admissions (DGH) A & E attendance Prescribing DGH outpatients (new and follow-ups) Elective care (low tech) Direct access diagnostics
Primary care commissioning <i>(budgets for enhanced services require further consideration)</i>	

Table 2 – Proposed Commissioning Functions between HuntsComm and the PCT

PCT	HuntsComm
<p>Strategy Strategic provider development (market management) Priority setting (including low priority treatments) Health needs assessment and benchmarking Financial strategy and Budget Setting Commissioning programme expertise/evidence based reviews</p> <p>Governance Approval of PbC plans for use of savings (including clinical governance and value for money criteria) Approval of incentive schemes</p> <p>Procurement Contract specification (incorporating plans from HuntsComm) Agreeing and managing contracts with providers (including tendering if required)</p> <p>Performance Management Ensuring delivery of key national targets Providing information for PbC and co-ordinating validation Managing PBC agreements with HuntsComm</p>	<p>Strategic Prioritise areas to target redesign and commission work Agree priorities for Investment Develop CIA (recommend to PCT for approval) Performance overview</p> <p>Implementation Develop detailed proposals for service redesign, spend to save & reinvestment Ensure implementation of agreed redesigned pathways (including patient navigation system?)</p> <p>Practice level activities Audit/monitoring Affecting changes Contributing ideas for change/reinvestment</p>