

BEDFORDSHIRE PCT
PRACTICE BASED COMMISSIONING INCENTIVE SCHEME
LOCAL ENHANCED SERVICE 2006/07
SERVICE LEVEL AGREEMENT
BETWEEN BEDFORDSHIRE PCT
And DR X & PARTNERS

1. Introduction

The Practice Based Commissioning Directed Enhanced Service applies for 2006/07 only. There is a national requirement for PCTs to provide a local incentive scheme for practice based commissioning in 2007/08. However, the PCT is keen to ensure the continued development of practice based commissioning and wishes to introduce an incentive scheme now which will apply for the last quarter of 2006/07.

This will be reviewed at the end of 2006/07 and will be re-commissioned in April 2007/08 but some elements may alter.

2. Aims and Objectives

The scheme mainly focuses on managing demand for secondary care services, particularly for emergency admissions and for outpatient attendances and follow ups. It also rewards practices for undertaking service re-design.

3. The Scheme

The scheme is a points based system which will operate similarly to the Qualities and Outcomes Framework. (See attached schedule for details.) It contains 4 elements for which practices can earn points. In 3 out of the 4 elements points are split between effort and achievement to ensure that practices are rewarded for their hard work, even if they are not able to achieve any of the indicators. (Please note that practices will be required to provide evidence to demonstrate effort.)

4. Payment

Practices can earn up to 142 points which are worth £4.50 per patient as direct practice income for full achievement of all indicators. Payment will be made in one lump sum as soon as possible in 2007/08 following a verification process. Practices must participate for the whole quarter Jan – March 2007 to qualify for payment.

5. Verification

This will vary. Achievement of the demand management indicators will be measured via the SUS data. (This is the same data that will be available to practices via Dr Foster.) Practices should ensure that they can provide evidence to demonstrate work undertaken to achieve the indicators, in the event that they are unable to achieve the required reductions. At this stage, it has not been decided whether practices will be visited for verification purposes or whether they will be required to submit documentary evidence. The paragraph below provides more detail on acceptable evidence.

Indicator 1 Outpatient First Attendances – Peer Referral Review

Clear, detailed meeting notes and resulting action plans.

Indicator 2 Outpatient Follow-Ups

Number of patients to be managed in primary care. Copies of hospital discharge letters and a copy of the practice plan for managing the groups of patients listed

Indicator 3 Emergency Admissions

Copies of care plans (anonymised) and evidence of a quarterly review. Copies of practice action plans to identify and provide dedicated case manager or practice nurse support to patients with long term conditions.

Indicator 4 Service Re-Design

Actual reductions in hospital activity measured against forecasts in agreed plans.

6. BASELINE BUDGETS

The baseline budgets which will be used to measure the indicators will be sent to you separately. These budgets have been calculated from 2005/06 actual activity priced at 2006/07 tariff. The activity data was extracted from the HBS data and is based on a full 12 months data. (Practices in the former Heartlands PCT area previously received budgetary information based on 9 months data.) The historic baseline budgets should be regarded as final unless there are exceptional circumstances.

7. CONTACTS

If practices have any queries or require any further information or support with this scheme please contact the following. I suggest that mobile phones are used for contact purposes during this period of moving when office numbers will be changing.

Bedford Practices:	Carol Madden	07966 245112
Dunstable & Houghton Regis:	Lynda Lambourne	07773 3385911
West Mid Beds/L. Buzzard	Susan LaRosa Lamar	07778 872017
Ivel Valley	Karen Fletcher	01767 223309

Carol Madden

January 2006

Incentive Scheme Schedule

		Indicator	Rationale	Points	Maximum points		Max £ per patient
Outpatients First Attendance	Effort	Peer review of referrals within the practice - at a minimum held monthly. Practices will need to show evidence of the meetings and of any potential referral patterns that may be altered as a result of these meetings (e.g. meeting notes and action plans).	Developing patient pathways to a) improve the quality of referrals and b) provide services closer to patients requires an assessment of current patterns. In ensuring there is a systematic review of referrals in the practice will ensure the most appropriate use of services and the most appropriate use of in-house skills. Evidence shows that in a safe and non-threatening environment peer review of referrals is very effective in improving the quality of referrals and improving the patient experience and outcome of care.	10 points	10		£0.30
	Achievement	Reduction in the cost of new outpatient (PBR) appointments to below PCT average at a minimum, or 5% reduction from budget baseline. This will be measured at the end of Quarter 1 2007/08.	By shifting these attendances from secondary care to primary care resources can be freed up to invest in further development of primary care, whilst also allowing the secondary care sector to concentrate on cases where secondary care facilities are essential.	Red'tion below PCT average - 8 points 5% and over reduction - 16 points	16		£0.16
Outpatient Follow Up attendances	Effort	Evidence of review and discharge of patients currently under the care of the General Medicine, Urology, Trauma & Orthopaedics, Rheumatology and Care of the Elderly outpatient specialties to ensure that only those requiring Acute Hospital input remain in the system as a follow up		10 points	10		£0.30

	Achievement	Reduction in the cost of follow up outpatient (PBR) appointments at hospital to below PCT average at a minimum or 17% reduction from budget baseline. **		Red'tion below PCT average - 8 points 17% and over reduction - 16 points	16	£0.40
Emergency Admissions						
	Achievement	Evidence of creation of a care plan and quarterly review for all patients that have had more than one emergency admission in the last 6 months.	Evidence shows that by care planning on an individual patient basis avoidable emergency admissions can be prevented. The application of more intense support to the patient can improve their condition and prevent emergency admissions often with long length of stay for the patient. Data validation forms an important part of this work	8 points	8	£0.34
		Reduction in the cost of emergency admissions (PBR) for these patients compared with previous 6 months baseline		up to 5% reduction 10points 5% and over reduction 18 points	18	£1.00
		Reduction in the cost of emergency admissions (PBR) at hospital to be reduced to below the PCT average at a minimum or 10% below budget baseline.		up to 5% reduction 20 points 5% and over reduction 50 points	50	£1.00
Service Redesign	Achievement	Reduction in hospital activity in line with forecasts made in service re-design plans agreed with the PCT. This applies where individual practices or PBC groups hold SLA(s) to provide new, local services.		14 points	14	£1.00
					142	£4.50

** . Suggestions for managing follow-ups from other PCT areas: None required open hernia, haemorrhoids, I & D, varicose veins, abdo rectii
Telephone follow up: lap hernia, lap cholecystectomies Primary Care follow-up: lumps/bumps, groin pain

Signature Sheet

This document constitutes the agreement between the practice and the PCT for this local enhanced service.

Signature on behalf of the Practice:

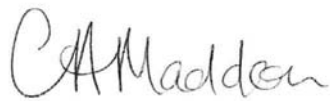
Signature:

Name:

Date:

Signature on behalf of the PCT:

Signature:



Name: Carol Madden, Assistant Director Out of Hospital Care

Date:
