

Practice Based Commissioning (PBC)

Mini-Bulletin – PBC DES

Purpose of this series of PBC Bulletins:

- To keep PCTs up-to-date and in touch with progress and key issues
- To share information and linked examples and resources through the PCC network
- To highlight any new or important perspectives on PBC that arise during the rest of 2005/6
- To help sustain PBC development through PCT organisational change

This one off Bulletin builds on the Department of Health PBC guidance documents (www.dh.gov.uk), the Primary Care Contracting Preliminary PBC Toolkit and other PBC Bulletins (available at www.primarycarecontracting.nhs.uk). PCTs may wish to refer back to the Toolkit which provides a basic starting point and checklist resources.

Key Points in this Mini-Bulletin:

- Key content of the Directed Enhanced Service (DES) “Towards Practice Based Commissioning”
- Possible approaches to the DES
- Links across to DH planning templates; PCT incentive schemes and a further example practice plan with related explanatory notes
- Links to the latest guidance

Context

The Directed Enhanced Service “Towards Practice based Commissioning” was negotiated as part of the contracting round in respect of changes to the GMS Contract for 2006/07. It represents a starting point for those PCTs and Practices who are either just beginning or in the early stages of PBC development. However, as it is a directed element of the GMS contract **ALL** PCTs are required to offer it to **ALL** Practices regardless of what stage they have reached.

It should be noted at the outset that the DES, and the use to which it is put, will only function effectively as part of robust overarching arrangements for PBC.

Existing schemes and templates

The DES should not work in opposition to existing incentive schemes designed to support the development of PBC but represents a minimum commitment in terms of both finance and information provision. A number of examples have been highlighted in previous Bulletins and/or the Preliminary Toolkit. Relevant examples from High Peak and Dales; Rushcliffe and Islington PCTs can be found on the PCC website at <http://www.primarycarecontracting.nhs.uk/99.php>.

DH planning templates are available at

http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Commissioning/PracticeBasedCommissioning/PracticeBasedCommissioningArticle/fs/en?CONTENT_ID=4130824&chk=dL5ECW

A further Practice planning tool (with explanatory notes to assist completion) is available at

<http://www.primarycarecontracting.nhs.uk/123.php>

Links to PCT commissioning plans

It is likely that PCTs will wish to aggregate Practice Plans to form part of the negotiation process around the general commissioning round via their Local Delivery Plan (LDP). As a result PCTs may choose to work with their constituent Practices to produce robust plans that are submitted no later than September 2006 so as to inform the 2007/08 commissioning round. Many PCTs have already adopted approaches which use business planning models that flow into their LDPs and are consistent with other local agreements and plans.

PCTs should also be mindful, dependent upon their overall financial position, of the need to consider whether to agree plans with objectives and targets that not only result in a contribution to an overall reduction in cost and activity but also fit with local and national commissioning priorities. A number of PCTs have set targets with rewards for reductions in levels of activity around both scheduled and unscheduled care and it is wholly appropriate for PCTs to adopt this approach when agreeing plans linked to the DES. Examples of these approaches can be found on the PCC website.

What PCTs need to do now?

- Establish timeline for submission of Practice plans (not later than September if they intend to use these for the LDP round)
- Agree key content in relation to the provision of information in respect of activity and finance (not later than June)
- Identify and include key targets (local and national) mapping across from existing PCT plans (not later than June)
- Establish frameworks and/or mechanisms for working *with* Practices where plans include redesign and/or re-provision (by June for initial implementation by September)
- Consult with neighbouring PCTs to ensure consistency in approach

Group arrangements

Whilst the DES asserts the basic right of individual Practices to hold a budget, and the need to submit a plan in respect of this, it is important that this complements existing group arrangements that are either in place or under development. As a result it is possible that, subject to PCT support, a multi-Practice plan which included all relevant detail for each individual group member could be submitted. Moreover, given the likelihood that any form of significant redesign would necessitate greater patient numbers, this approach is to be encouraged.

However, it should be noted that the basis of any division of freed up resources, over and above any element retained by the PCT, is entirely a matter for grouped Practices to decide.

Key features of the DES:

- Voluntary exercise but PCTs must offer to all
- Practices can take up the DES at any time during 2006/07
- Should be driven by and set in the context of the January 2006 PBC Guidance
- Available to GMS/PMS and APMS Providers (providing essential medical services)
- Two tranche approach:
 - First payment of 95p per registered patient (c£5k for the average Practice) payable on the agreement of a Practice PBC Plan;
 - The second component is not an unconditional 'payment' to practices - upon the successful achievement of the objectives agreed through the practice plan, the PCT must identify resources for the practice to invest in agreed services for the benefit of patients locally from either a) the freed up resources from the indicative practice budget or b) 95p per head per the DES
- As a minimum the DES guarantees that, where agreed objectives are achieved, Practices will receive a minimum of 95p per patient
- Practices can submit their plans as part of either locality or cluster arrangements
- It is imperative that PCTs agree robust plans with Practices
- Necessitates significant information provision on the part of the PCT
- Plans should link directly to the Local Delivery Plan process where significant re-provision or redesign is envisaged

Next PCC Bulletin: PBC and Service Delivery

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