

Practice Based Commissioning (PBC)

Bulletin 3 – Multi-professional involvement in PBC

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 Bulletin builds on the Department of Health PBC guidance, the recently published *Early Wins and Top Tips* (www.dh.gov.uk/practicebasedcommissioning), 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 Bulletin:

- There is much to gain from the involvement of other health professionals in practice based commissioning for – governance; achieving priorities and targets; planning and development of services; maximising use of resources.
- Active involvement at all levels is important so that an appropriate range of intelligence informs PBC decision-making.
- The work and decision-making of other health care professionals will have a direct impact on the PBC budget.
- Maximising involvement of other healthcare professionals will have greater impact on the emerging strategic context of primary care around care outside hospitals and the management of long term conditions.
- Governance arrangements and structures should be robust and effective and have multi-professional input.
- PBC should help build new and existing relationships and partnerships so knowledge, intelligence and skills are utilised in all commissioning decisions.
- PCTs need to communicate widely with health professionals so they can contribute more effectively to PBC and have equitable access to information about health needs and service provision at all levels.
- Consideration should be given at an early stage to education, training and development for all professional groups and ensure the workforce is fit for current and new roles.
- The importance of managing organisational change and uncertainty within many staff groups is stressed and at the same time recognising these professionals can offer many opportunities in PBC and new ways of working.
- Developing clinical leaders and better understanding of commissioning among a wider range of health professionals is important.

Introduction

The following information in this Bulletin will:

- Consider the involvement in PBC of other primary healthcare professionals such as community nurses, community matrons, allied health professionals, dentists, pharmacists and optometrists.
- Look at the reasons why PCTs and practices should engage and involve these health professionals in PBC and the wider commissioning agenda
- Show how PCTs, practices and health professionals can achieve multi-professional involvement in PBC.

Context

Much of the early focus on PBC has been on the essential task of engaging GPs and practice managers. A recent survey¹ revealed only limited involvement of other health professionals in PBC. The Department of Health has however made specific reference to involving other healthcare professionals in PBC, stating

“Practice based commissioning gives practices and professionals the freedom to develop innovative, high quality services for patients”²

Within the context of providing more integrated care outside hospital and managing the long term conditions agenda, this means other healthcare professionals have a key role to play in

- *holding indicative budgets* - indicative budgets are delegated to practices, primarily GP practices, but may be delegated to other professionals with a registered list.
- *supporting or overseeing commissioning decisions* – there is a need for decisions at PCT Board level in relation to PBC to be informed by those with a range of experiences and a multi-professional perspective.
- *being micro-commissioners* - PBC decisions are made by those health professionals who also have responsibility for patient care. Front-line primary care staff are in fact continually involved in commissioning decisions, deciding on the use of resources at a micro-level. They can influence how and where resources can be freed up. This will be particularly relevant for nursing teams, therapists and integrated care teams with regard to long-term care, end of life care and public health nursing services.

Benefits of involvement

Some of the key benefits of involving other health professionals are that

- they will help ensure effective planning, service improvement and development
- the NHS will maximise the use of existing resources including knowledge and skills
- there are more opportunities to achieve NHS priorities and targets including health improvement and better patient centred care
- their involvement can contribute to a more robust governance structure and process.

Other professionals - such as those in public health, providing services for children, older people, people with mental illness and long-term conditions - already have experience of supporting the development of care pathways and contribute to the development of innovative ways of working. They bring experience of integrated working according to patient need and offer an alternative and valuable point of view. Planning requires the knowledge of patient needs and services that these health professionals can bring from their frontline experience. Their contribution is invaluable to the development of the strategic overview. They can identify where services need to improve and where services could be developed as well as challenge existing services or provide the solution to the development of new services and service redesign. These solutions may be not only about better quality patient centred care but also about more cost effective care.

New ways of working and new contracts are engaging these health professionals in delivering health care. As such they become a valuable resource to the NHS in terms of their training, knowledge, skills and expertise. As well as clinicians, many are also experienced managers and have developed new skills as members of PECs giving consideration to both health and social care.

Services currently provided by other health care professionals contribute significantly to the achievement of NHS priorities and targets. There are opportunities under PBC to capitalise on this and there is potential to do more. The range of opportunities is familiar to many PCTs and includes:

¹ Practice based commissioning: Inter-professional engagement and involvement. NHS Alliance and Primary Care Contracting, November 2005.

² Practice based commissioning: achieving universal coverage. Department of Health, January 2006.

- improving patients' access to care through physiotherapy orthopaedic triage
- supporting patients so they can achieve self-care through community pharmacy
- community matrons providing patients with long term conditions management, occupational therapists and others providing case management
- health visitors delivering on the public health agenda and health promotion, and
- nurse practitioners taking on different skills and duties to release GP time.

The implementation and effectiveness of PbC could be considered vulnerable where it relies on GPs and GP practices to both provide and commission services unless there are sound governance structures in place. Greater multi-professional involvement means a wider range of information is available from a wider range of sources. The views of other clinicians can be used to provide a more balanced perspective to PBC and there is less risk of vested interests over-riding objective decision-making.

However, there is a serious risk of disengagement by other health professionals, particularly those currently employed by PCTs who are facing an uncertain future. It is more important than ever that their commitment and enthusiasm is not lost in this coming period.

Making involvement happen

There are a number of early steps PCTs can follow to make it easier for other healthcare professionals to become involved in PBC at PCT, locality or at practice level.

1. Review governance structures

The infrastructure within the PCT and any developing locality clusters need to ensure the right conditions to facilitate multi-professional involvement and engagement in commissioning with that involvement being achieved at all levels. Any review of these structures should recognise potential conflicts of interest. The composition of any committee must ensure a balanced and equitable mix of interests and views. It must be set up in a way that ensures transparency and probity. Incorporating other professionals within the structures can bring not only the breadth of knowledge and perspectives but also introduce greater transparency to balance out any undue influence from a single interest group. If locality structures are set up there will also be a need to consider how similar issues are addressed at this level.

In supporting robust governance in the past, the NHS has also included the perspective of other key stakeholder groups such as local professional committees (LMC, LPC, LDC, LOC) and other professional forums. This involvement can be used and built upon within the new PCT and locality structures.

2. Nurture new and existing partnerships

Developing good partnerships, fostering effective relationships and actively engaging with others are key to success in PBC. This needs to be effectively translated across services or at practice or locality level. This also stretches outside health. Many PCTs already have existing good links and alignment with local authorities and social services and other organisations such as education or the voluntary sector that can be incorporated into PBC where appropriate.

Other locally enhanced services have also developed strong, sustainable and effective partnerships. For example

- repeat dispensing arrangements set up between the pharmacy and the GP practice
- medicines use review in community pharmacy where the outcome is shared with GPs
- the Single Assessment Process (SAP) for older people
- Care and Children's Trusts have developed with essential local experience
- shared care such as substance misuse services or services for people with mental illness or learning difficulties.

Additionally, *first contact* health professionals provide care that is not accessed through general practice. They may refer patients or signpost them directly to other NHS services. These first contact services include community and primary care nursing, services provided by community pharmacy, dentistry, community ophthalmic services, speech and language therapy, podiatry, dietetics, physiotherapy and occupational therapy. Many of these clinicians are being given prescribing rights including supplementary and, for some, independent prescribing. This creates a direct link with local PBC budgets.

3. Communicate and ensure information is available

PCTs should ensure wider access to information which may need to be made available to professionals who are not part of routine channels of communication. Other health professionals will need to know more about the 'basics' of PBC about the 'rules' governing commissioning locally. They will need to know who is responsible for what and how to contact people. Information is vital to help with identifying needs and patient pathways, understanding services to be commissioned or decommissioned, identifying resources, agreeing contracts, and monitoring PBC performance.

4. Identify and address education, training and development needs

There is the potential for those involved in PBC and the wider commissioning agenda to require a substantial education, training and development programme to support effective implementation and on-going success. It is important, therefore, for PCTs to know and understand what education and training is needed for the workforce at this early stage. Any training programme developed in this area should include as a minimum:

- Awareness raising of the importance of and new approaches to commissioning
- Ensuring people have the additional skills to undertake new roles and responsibilities.
- Developing new teams and groups so they work effectively within the team as well as across teams and group.
- Developing the capacity for strategic thinking and decision making.

New and existing education and training providers, such as local shared service organisations, need to know what is required from PCTs to develop a wide range of options at the earliest opportunity. They may also have information on the current and future workforce that is of use to practice based commissioners.

5. Manage change and uncertainty

At the time of publishing this Bulletin there is significant change and uncertainty for staff, primary care contractors and other healthcare professionals as they get to grips with PBC, PCT reconfiguration, the future of PCT provider services, and contractual changes (primary care and *Agenda for Change*). An understanding is needed on the ground as nurses and other professionals focus on their personal future and the future management of their services. There is a real danger that PBC could be seen as a step too far at this stage. Whilst this workforce cannot afford to wait until the provider issues are settled before they become engaged in commissioning, PCTs will need to exercise a degree of sensitivity when progressing their implementation plans.

For most healthcare professionals who remain on the periphery, the pace of change around PBC appears to be either 'staged and gradual' in some PCTs or 'rapid and chaotic' in others. An early focus for practices has been and will continue to be around referral management and it should be recognised that many of the solutions lie with the non-medical health professionals to help actively managing referrals or redesign more effective patient pathways.

Robust structures, clearly defined partnerships which stimulate integrated working, and the identification of local leaders will help encourage and promote engagement and sustainable involvement in PBC.

For PCTs, this period is about

- seeking agreements in principle around the broad range of issues where progress needs to happen now. This will include any issues around savings and budgets as well as infrastructure and outcomes.
- ensuring the path of travel to any new organisation is underpinned by both key principles and quality markers.

- convincing practices and frontline health professionals that change is desirable and adds value to the NHS locally.
- supporting frontline health professionals facing the uncertainty about the future management of their services and supporting them to engage at the earliest opportunity in PBC.
- ensuring there is good training and development access to undertake any new roles.

6. Recognise what is on offer and be proactive

The current approach to PBC within the wider context of commissioning is new and challenging. For those other health professionals who may not have been involved in commissioning healthcare services previously it may be tempting to sit back and wait to be asked to be involved, particularly where the professions are already facing an uncertain future. However, involvement of these frontline professionals in PBC adds a much richer perspective to commissioning decision-making and it could easily provide an environment for further opportunity outside, or complementary to, the traditional GP practice.

Committing to a multi-professional PBC environment

There are a number of options open to PCTs which would demonstrate they are committed to operating PBC within an effective, multi-professional environment.

- Within any local PBC proposals, PCTs could state clearly their expectations about the involvement and engagement of nurses, AHPs, and other primary care contractors. This may include how their knowledge and intelligence will be used in identifying need and planning services or how other health professionals will help ensure contestability is demonstrated through any PBC business proposals. The DH Business Case Proforma is available at www.dh.gov.uk/practicebasedcommissioning
- Providing incentives for GPs and practices linked to PBC that include appropriate engagement and involvement of other health professionals.
- Developing the capacity and capability of professionals to hold indicative budgets and commission services. This will include opportunities presented through new organisational structures for service provision.
- By encouraging the PEC to focus on developing an understanding of multi-professional involvement in commissioning, ensuring good communication with frontline health professional and focus on achieving the delivery of integrated services.
- Developing a culture of joint working in a multi-professional environment and ways to develop an understanding of the added value each brings to the table. PCTs can use joint projects to achieve this goal such as the Single Assessment Process and integrated working, the development of the NHS Care Record Service, repeat dispensing and medicine use review, or other areas of work that span professional and organisational boundaries.
- Establish some PBC 'quick wins' where the role and actions of other health care professionals has an immediate effect on the PBC budget bottom line.
- Ensuring there is no inappropriate ring-fencing of funding that may be better used to provide services to meet agreed needs in another way.
- Ensuring clinical leaders from the professions are well informed about commissioning and understand its importance as well as how to engage and get involved locally.

Multi-professionals checklist - how is your PCT progressing?

Is there evidence that there is multi-professional involvement and a shared vision in planning, development and commissioning of new and redesigned services? How can the PCT engage other professional groups better?

Do you have ways of engaging other frontline clinicians to seek their views, knowledge and intelligence about services you are wanting to commission?

Are there clear governance structures and transparent processes associated with commissioning at all levels?

- Have approaches been developed to ensure contestability in the contracting of new services in primary care?
- Do commissioning processes ensure other health professionals are included at an early stage, particularly where they may deliver part or all of the service?
- Ensuring probity and the management of conflicts of interest?

Do you have a communication plan for commissioning that identifies the stakeholders for communication, timing, methods and topic areas? Do other health professionals have access to information and do they know how to get involved in PBC?

Are there any existing teams, networks or other ways of working across professional boundaries locally that the PCT can use to facilitate commissioning?

Is frontline clinician experience of inter-agency and inter-professional working being used to support commissioning?

Has a training and development needs analysis for all health professionals around PBC been undertaken?

Are the professionals themselves doing anything to ensure they are ready for their commissioning role in a *Commissioning a patient led NHS*?

What is the PCT doing to help GPs commission services from other health professionals?

Are there any local leaders from other professional groups ensuring frontline health professional and others understand the new environment?

Other information

If you or your PCT would like to give feedback on this PCC Bulletin or contribute to the next Bulletin (share examples; innovative solutions to significant issues, local PBC events etc), then please contact the PBC Project Team.

PCTs will be aware of the PBC support programme available through the National Primary Care Development Team. PCTs should contact their local NPDT spread centre or SHA for more information on how to get involved. For other resources and information, PCTs may wish to link to other agencies such as the NHS Alliance, the NHS Confederation, the National Association of Primary Care, or the Royal College of Nursing (www.rcn.org.uk/pcph).

Next PCC Bulletin: PBC and the new DES

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