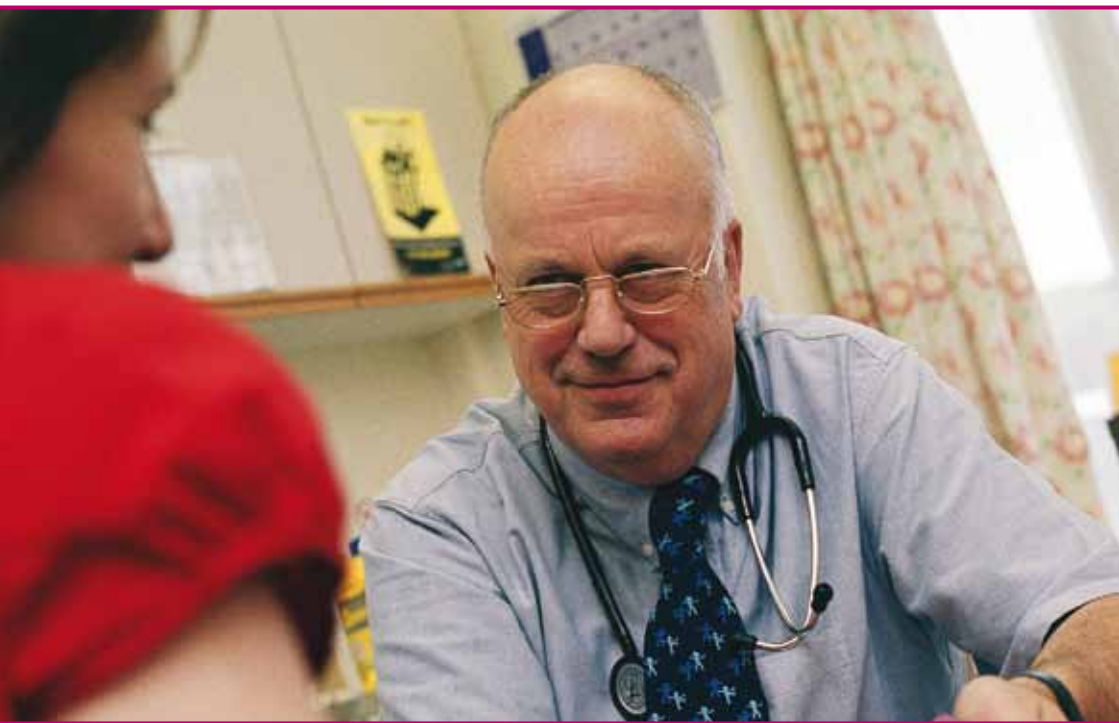


## Practice-based commissioning in action

### A guide for GPs



In association with **nhsalliance** 



Adding life to years and years to life

# An introduction to practice-based commissioning

## World class commissioning

Commissioning is the process of assessing local health needs, identifying the services required to meet those needs and then buying those services from a wide range of healthcare providers, which can include hospitals, dentists, opticians, pharmacies and voluntary organisations.

World class commissioning (WCC) is a new, ground-breaking approach to this task. It is an ambitious programme, which takes best practice from this country, and from health systems around the world, to improve the way in which Primary Care Trusts (PCTs) commission services. As a result, PCTs are delivering better services which are more closely matched to local needs, resulting in better quality of care, improved health and well-being and a reduction in health inequalities across the community.

## Practice-based commissioning

Practice-based commissioning (PBC) is about empowering GPs and other clinicians such as nurses, pharmacists and allied health professionals to shape the health and healthcare of local populations. Working in partnership with their PCT, GPs can create a more in-depth understanding of the long-term health needs of the local community, and plan and deliver services to better address these specific needs.

PBC lies at the heart of the WCC programme. Under WCC all PCTs have developed strategic plans for their area, which map out the priorities for improvements in local health and well-being. It is the PCT's role to provide the strategic leadership for commissioning the right services to deliver these health improvements. Key to being world class is their ability to work in partnership with clinicians to gain vital 'on the ground' understanding of patient needs.

*"[PBC is about] making health and social care for patients safer, faster, and more accessible, whilst making it more evidence based and cost effective for PCTs."*

**Dr Ranjit Gill, GP, Chair, Stockport Managed Care**

*"[PBC means] GPs and other primary care staff learning to come out of their silos and see things differently. This can only be good for patient care."*

**Dr Simon Bowers, GP, Chair, Matchworks PBC Consortium, Liverpool**

*"[PBC is] a planned process to move resources from A to B to provide a service in a different way to meet the needs of our patients. Our daily contact with patients is the gold dust we bring to the commissioning process."*

**Dr Nadim Fazlani, GP, Chair, Liverpool Health Care PBC Consortium**

PBC recognises the central role of primary care clinicians – through the hundreds of thousands of treatment and referral decisions they make each day – in using NHS resources to deliver care. PBC gives local clinicians much greater power and influence, working in partnership with PCTs, to shape how resources are invested, offering a direct role in designing and buying the services that will deliver better health, better care and better value for local people.

Practice-based commissioners are able to shift care into more local settings that provide more convenient, integrated care for patients. This can mean a greater range of services available within GP surgeries themselves, in other local settings (e.g. community pharmacies) and in people's own homes. It can include both specialist care for particular conditions such as diabetes or chronic pain, and health and wellbeing services that help people reduce the risk of developing long term conditions.



## What can practice-based commissioning achieve?

*"PBC has enabled us to launch a new practice based, 'within-the-hour' X-ray service which is more convenient for patients, more cost effective for the NHS and better for the environment as patients don't need to travel to hospital."*

**Debra Sprague, Advanced Nurse Practitioner in PBC, Heart of Birmingham**

*"In the last 18 months, as a result of PBC, we've moved ECG recording, spirometry and ambulatory BP monitoring over 24 hours into practices and we have redesigned the audiology service to shorten waiting times from two years to two weeks."*

**Dr Ranjit Gill, GP, Chair, Stockport Managed Care**

*"By looking at the specific healthcare needs of the individuals we treat with chronic pain issues on a day-to-day basis, and reviewing the existing services available in the local community, we've been able to establish a service which provides our patients with better, more tailored and more accessible care."*

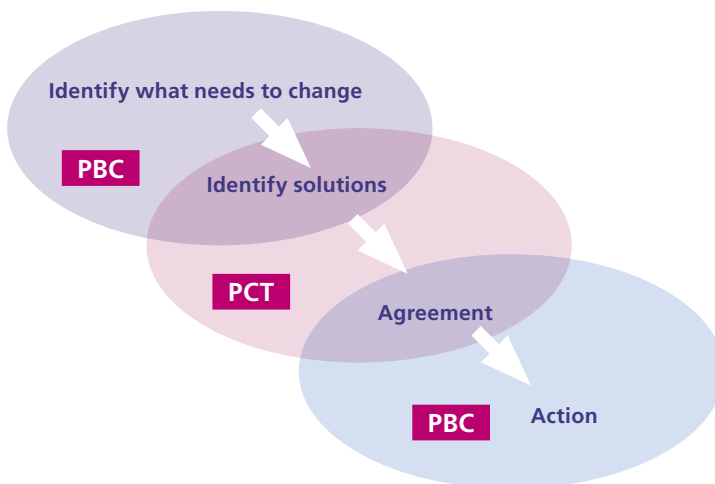
**Dr Tony Marsh, Chair, Nottingham North & East PBC Consortium**

## The practice-based commissioning journey

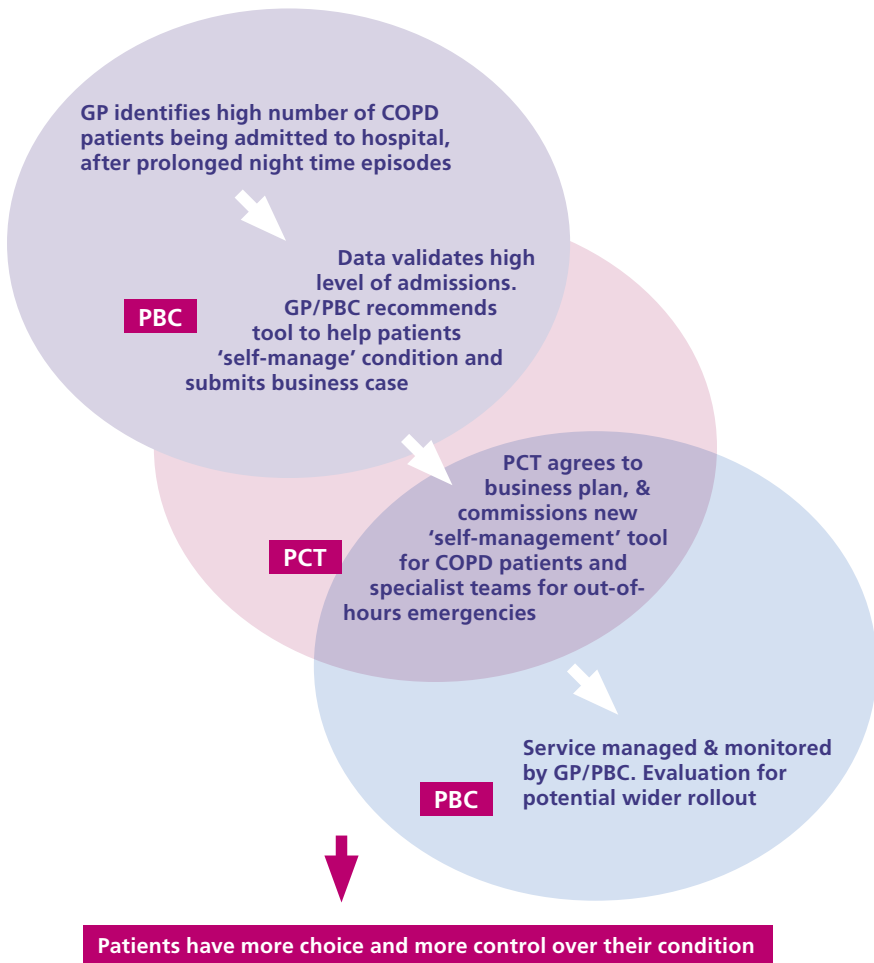
PBC is a way for clinicians to influence the way existing services are provided, by assessing the health needs of local populations and addressing them through proposing new services, or redesigning existing ones to better meet patient needs. PCTs provide clinicians (individual GPs, or a collection of clinicians who form a commissioning consortium) with key data (for example, on referrals, prescribing activity, associated costs and expected health improvements) and support to identify the opportunities and inform their proposals.

PBC acts as a driving force for clinical and service innovation, identifying and spreading new ideas that can improve quality of care.

The diagram below shows how the process of commissioning services through PBC works, the various stages and how PBCs and PCTs work closely together to successfully identify and commission services.



The diagram below provides an example of how this process can work in practice. It uses the example of how a chronic obstructive pulmonary disease (COPD) service was redesigned by a practice based consortia in Easington, County Durham to bring care closer to home for patients.



*“The community palliative care service that we have commissioned through PBC means that should people choose to stay in their own homes, patients can be cared for there by a multi-disciplinary team of professionals, rather than being admitted to hospital.”*

**Anne Swan, Director of Acute and Primary Care Commissioning,  
NHS Bournemouth and Poole**

*“Working with our secondary care colleagues, we’ve designed a community glaucoma monitoring service that patients will be able to access at their local practice rather than having to go to hospital.”*

**Dr Nadim Fazlani, GP, Chair, Liverpool Health Care PBC  
Consortium**



# Putting practice-based commissioning into action

This section contains advice of how to put PBC into practice. It is not exhaustive, but contains practical advice on how to make PBC a reality in your local area.



## **Confirm your PBC support package**

To deliver PBC in practice, you need input, data and support from the local PCT. Confirm what you can expect from them as early as you can, to help in planning and implementation of PBC processes. Contact the PBC lead to get more information and discuss these areas further. Below is a checklist of the key areas in which you should be provided with support.

### **Management data and financial information**

Under world class commissioning, PCTs will now be measured on their ability to provide PBCs with accurate, timely data and analysis, in particular on budgets, expenditure, referrals, prescribing, activity and, where possible, clinical performance. The PBC budget should contain, as a minimum, all hospital services, prescribing, mental health services, community/locality services and other health initiatives, even if some elements are 'blocked back' to the PCT.

### **Management and financial support**

As a minimum, the PCT should provide a management allowance, designated support from PCT staff and/or external partners, and a plan setting out how the PCT intends to support PBC development needs. Ask for this support to be ring-fenced on an annual basis, so the PBC consortium can agree how it will deliver on its plans and objectives.

### **Swift budget-setting and decision-making**

By 1 May each year, every practice should have received their indicative budget and discussed and confirmed the scope of their management and financial support (if this is not delivered, you should approach your SHA). A maximum timeframe of eight weeks has been set for PCTs to make decisions on PBC plans and business cases.

## Local incentive schemes

As part of its local PBC framework, every PCT should have agreed an incentive scheme to encourage practice-based commissioners to focus on developing and re-designing services that will help address identified local health priorities - priorities that should be agreed after discussion with clinicians. The exact nature of the incentives will depend on the local priorities.

### **DR NITI PALL, GP AND MEMBER OF SANDWELL PBC, WEST MIDLANDS**

“We’ve established a collaborative relationship with our PCT by showing how PBC activity is able to reduce demand for secondary care, and therefore help alleviate the significant overspend for which the PCT was responsible.

“As a result of joint working, aligning priorities and the sharing of risk and reward, we’ve been able to build confidence with the PCT and secure all the management and financial support the consortium needed.”



Confirm your PBC support package

## Plan protocols for working in a PBC team

There is flexibility to explore PBC in the way it best suits you. You might decide to focus on just your practice or combine with other practices. Most PBC activity is undertaken in a group, or consortium which can help to provide economies of scale, reduce risks and increase bargaining power.

Here is some guidance on how to go about establishing a PBC team:

- Canvas opinion locally amongst fellow GPs, nurses and other allied health professionals about establishing a commissioning consortium, agreeing a consensus on direction of travel amongst practices involved
- Set up a working group to implement the activity
- Ensure a clear strategic focus by creating a vision of what you want to achieve through PBC and what it means in your area
- Engage everyone in the primary healthcare team including practice managers and practice nurses so that there is collective responsibility
- Ensure patient views are represented through consulting a local patient participant group or through the use of a survey
- Establish good communication channels
- Document the vision and agreement reached

A more in-depth booklet on setting up a PBC team can be accessed at the following link:

**[www.improvementfoundation.org/resource/view/pbc-consortia-guide](http://www.improvementfoundation.org/resource/view/pbc-consortia-guide)**

**DR TONY FELTBOWER, GP, GODIVA PBC CHAIRMAN, COVENTRY**

“We were keen to make links with other practices from the start as we knew this would reduce duplication of effort, minimise bureaucracy and help make the case for change more effectively with the PCT. I made contact with a number of GPs in our local area and met with them to discuss the options involved and then widened the invitation to all practices in the City.

“Once interested practices had decided to become members, we agreed processes and operational arrangements including the establishment of a shadow board comprising of GPs, practice managers, a practice nurse and a patient representative. Colleagues nominated themselves and open elections for a Board were held. Subsequently the shadow board members have participated in the NHS Alliance/Humana PBC Academy training.

“Once we were up and running, we asked each practice to identify a PBC Practice lead to be the main point of contact for the Board and to attend quarterly meetings. We are now developing Godiva PBC into a Social Enterprise so it has independence and can raise other sources of funding.”

## **Understand local health needs**

Proposals for service development or re-design need to be evidence-based, through analysis of data on the local population and trends in health and well-being, and how this compares to the wider PCT and SHA region, other regions and the national picture.

The potential mass of information and data available can appear daunting, so here is a checklist of the areas you could draw upon to help you identify priority issues.

### **Review your PCT's five-year strategic plan**

This will confirm the priorities and desired improvements in health and well-being for the local area, and should provide the context for any proposals for service development or re-design. You can ask your PCT PBC lead for a copy of the plan. The PCT will also be reviewing its plans on a regular basis, so you should also look to get involved with shaping the future direction of the overall strategy, and providing input on how health needs for the local population are being met.

### **Harness PCT data**

Your PCT can provide you with core sets of data to help you analyse the opportunities for service development or re-design. For example, you might ask for referral data, prescribing rates, patient satisfaction data, hospital episode statistics, life expectancy data, mortality rates and cancer statistics.

### **Look for wider context**

As service re-design increasingly examines steps to improve health and well-being, as well as to enhance treatment, it can be useful to explore sources of data on the local population too. You could, for example, look at the Joint Strategic Needs Assessment (JSNA) conducted by the PCT and the local council. Again, you can ask your PCT PBC lead to see a copy. You

can also ask your PCT for information that it will have to support a local needs assessment for your population.

### **Look for national context**

There are a range of additional sources of information on the national picture regarding any health issue. These may include:

- NHS Information Centre ([www.ic.nhs.uk](http://www.ic.nhs.uk))
- Association of Public Health observatories ([www.apho.org.uk](http://www.apho.org.uk))
- The Compendium of Clinical and Health Indicators ([www.nchod.nhs.uk](http://www.nchod.nhs.uk))
- The Department of Work and Pensions ([www.dwp.gov.uk](http://www.dwp.gov.uk))
- Hospital Episode Statistics (HES) ([www.hesonline.nhs.uk](http://www.hesonline.nhs.uk))
- Office of National Statistics (ONS) ([www.statistics.gov.uk](http://www.statistics.gov.uk))

### **Conduct a comparison**

Another way of assessing the position of your local statistics is to compare them with other areas of the country using NHS Comparators - a tool developed by the Information Centre in partnership with Connecting for Health. NHS Comparators can help you to compare your area with other practices, PCTs and the national average. [www.ic.nhs.uk/nhscomparators](http://www.ic.nhs.uk/nhscomparators)

You won't need to consult all such sources of data all of the time, but this gives you a broad sense of the range of information available, which you could draw on to help you interpret the local picture and inform proposals for service development or re-design.

Contact your PCT PBC lead for further help.

## **DR IAN GREAVES, GP, STAFFORDSHIRE**

“Every quarter, I and my team analyse information on NHS Comparators along with QOF data to monitor the services being provided to patients. I colour code the data, highlighting any areas where the practice is at odds with the local area or national average. Once this data has been confirmed to be true against patient files, service changes are then discussed.

“By analysing the information available, we were, recently, able to recognise that prevalence of geriatric dementia was below the national average in our local area and the target detection rate of the condition was below the average, with 60% of cases going undetected. To understand why this might be and to look at how to tackle the issue, we brought in a specialist consultant to discuss the data and to provide support and advice. Changes were made to how patients were treated at the initial assessment stage and as a result, diagnosis time for geriatric dementia moved from three years to four weeks and the detection rate rose from 40 to 100%.

“Data can be invaluable for improving patient experience, reducing costs for unnecessary services and bringing more services into the primary care environment. Indeed, when we approached other practitioners to be part of the new service, being able to demonstrate the health need with data and figures helped us persuade others to get involved.”



## Review current service provision

Once you have worked through the current picture and identified an area or issue you wish to explore, in order to scope out opportunities for service development or re-design, you will need to assess the strengths and weaknesses in the way that relevant services are currently being delivered.

This will include discussions with the PCT and managers that lead on areas of the service you are looking to redesign. You should also gather insight by talking to neighbouring practices, patient groups and any third-party providers currently involved. It is also worth seeking out support from other secondary care clinicians who may have a view on the potential benefits of the introduction or redesign of a service for the local population.

### Thinking more broadly

It is also worth thinking more broadly about the service you are focusing on, and its impact, or potential impact on other providers. For example, if you are looking at a service such as dementia care, which crosses into the territory of social services, you should get in touch with your local authority. Your PCT should already be working with the authority, and it may be worth approaching them in the first instance. If you are focusing on, say, palliative care, this may impact on the service provided by third sector organisations such as cancer charities. Whoever the relevant groups are that you feel you need to be talking to, it is important to draw them in at an early stage, so their input can inform your thinking and help strengthen your business case.

How you structure such a review is up to you. You might want to focus on a small, local service (and the pathway involved) or examine the situation across a large geographical area. Whatever the scope you decide on, you will need to ensure your review seeks input from people involved

in the current process (e.g. other clinicians in primary and/or secondary care) and other people affected by it (e.g. patients).

The areas that you will need to consider in a service review include:

- Current performance of the service(s) against quality indicators
- Current accessibility for the local population
- Where services are delivered/available in the locality
- Patient experience of the service
- Staff views and experience of the service
- Costs, including benchmarking



**JOSEPH CHANDY, CHAIR,  
EASINGTON COPD PBC COMMUNITY SCHEME**

“We decided to review the way in which care services were being delivered to patients suffering from chronic obstructive pulmonary disease (COPD) after we found COPD levels in Easington were twice the national average.

“We established a multi-disciplinary working group including GP practices, ambulance services, patients and health professionals from social services as well as Intermediate Care Easington (ICE) – a team providing intensive rehabilitation at home for patients following an admission to hospital.

“Without an acute hospital in Easington, some patients and their carers faced a journey of about six miles to hospitals in Hartlepool or Sunderland. As such, we decided to prioritise services that would provide a safe alternative to calling an ambulance.

“We soon realised that a separate COPD group was already running as part of the former PCT – so we subsequently made contact and established that a PCT pharmacist adviser had started developing a patient-centred self-management plan. In order that ICE’s capacity and training were being properly utilised, we also reviewed which patients in the cluster could actually access the ICE team.

“This led to the development of a self-management tool for patients experiencing an exacerbation of their condition overnight, which incorporated appropriate elements of the existing self-management plan. Working closely with the ICE team, a new care pathway which enabled patients to be treated at home was also launched. Patients who suffered an exacerbation and chose not to be admitted to hospital were assessed within two hours by the ICE team and received monitoring and treatment for up to seven days, and then as required.

“By effectively reviewing the COPD services already available, we were able to implement both initiatives using existing resource. No additional healthcare workers were employed as we focused on effectively managing existing staff and ensuring all current service providers are working together efficiently. As hospital admissions continue to drop it is anticipated that the cost of treating COPD in Easington will be significantly reduced, releasing funds which can be invested in both community and acute services.”

## Draw up plans for change

With a firm grasp of the opportunity, based on data analysis and assessment of current service provision, you should be in a position to develop a business case for change. Business cases are designed both to make the case for change but also to demonstrate that you have a clear and robust plan for delivering the change in practice, from use of resources to financing from your 'indicative budget'.

When you are preparing a business case, consider the following questions:

- How does the proposal fit with wider PCT goals (as summarised in their five-year plan)?
- Are all the GPs/clinicians involved in your group or consortium committed to the plan?
- Has the idea been tested with patients, and does it have support?
- Is it simple to understand?
- Is it sustainable over the long-term?
- Will it provide better care that is closer to home for the patient?
- Will it deliver better value-for-money than current service provision?

There is no national template for writing a successful PBC business plan, but here is some guidance as to what to include:

- Clear, concise and compelling summary of the need you are trying to address
- Explanation of how this is consistent with the PCT's strategic plan
- Clear, concise and compelling explanation of what you are trying to do and how this will benefit patients
- Expected improvements in efficiency and effectiveness
- Exploration of alternative approaches to reaching the same goal
- The risks of the project, and how you will mitigate risk
- How you will liaise with associated services such as social services, run by the local authority

- The management resources and skills required
- The costs involved in delivering the service
- What criteria you will use to measure the effectiveness of the service (e.g. fewer patients going to hospital, patients seen faster, cost savings)

Some good practice examples are available from the Department of Health website. You can also contact your PCT to see whether they have a preferred format.

Once submitted, business plans need to be approved by your PCT but the arrangements for this vary. In some areas, this is done by special committee but relatively small-scale plans may be approved more informally under local arrangements sanctioned by an executive director. Your PCT will be able to advise you on this.

If there is any perceived conflict of interest between your role as a commissioner, and as a potential provider of services, you should seek to agree with your PCT how this can be managed. This should not be a barrier to the PCT supporting any legitimate plans you present for service change. You can agree a simple governance framework that ensures a conflict will not arise.

PCTs are expected to make a decision on PBC business cases within eight weeks. Once approved, the service will then be procured by the PCT. It might need to work up further information with you but this should not delay the service change. It might be useful to agree a timeline of actions at this point.

**JOHAN TAYLOR, PRACTICE MANAGER, MARPLE COTTAGE SURGERY, STOCKPORT**

“Following a successful pilot in which 24hr BP diagnostic tests were carried out at a small number of surgeries, we developed a business case to implement the service across the Stockport borough.

“This had to clearly illustrate why multiple providers covering all localities would be more beneficial than sole provision at secondary care, demonstrate convenience for patients, synchronise with our local strategic priorities for improving health and well-being and show why this change would be value for money.

“In the plan, we provided a number of alternative scenarios / provider options to show we’d thought about different ways of delivering the service, outlined what risks were involved and how we planned to evaluate things as we moved forward.

“To make a really convincing case, we also sounded out other practices to get a sense of appetite for the service and were able to include details of this demand in the business plan.”



## Further sources of information

**DH Website** FAQs, details of support provided by partner organisations and further resources can be found at [www.dh.gov.uk/pbc](http://www.dh.gov.uk/pbc)

**PBC Connection** The PBC Connection network is an online forum for clinicians and PCT and SHA managers to share ideas, exchange news and organise and participate in events. Go to [www.networks.nhs.uk/pbc-connection](http://www.networks.nhs.uk/pbc-connection)

**NAPC** NAPC is the only membership organisation whose main focus of support is General Practice, whilst also supporting PCTs in developing their relationships with practices. NAPC promotes the importance of building PBC from the list based practice unit upwards, allowing practices to determine their own local configurations, whilst encouraging collaborative working between practices and with PCTs. [www.napc.co.uk](http://www.napc.co.uk)

**NHS Alliance** The NHS Alliance is an independent primary care membership organisation working on behalf of individuals, practices and PCTs, in the interests of patients and the public. It has a wide range of support mechanisms for clinicians and managers, alongside tools and products to support the delivery of PBC at a practice/ cluster and PCT level. Visit [www.nhsalliance.org](http://www.nhsalliance.org), telephone 01777 869080, email [office@nhsalliance.org](mailto:office@nhsalliance.org) or contact Julie Wood, National Director PBC Federation, [j.wood@nhsalliance.org](mailto:j.wood@nhsalliance.org)

**NHS Confederation PCT Network** The PCT Network represents the views and promotes the interests of PCTs in England. It recognises and advocates effective clinical engagement and the involvement of clinicians in effective commissioning. For more information and to view the publication *Practice based commissioning: delivering the vision*, go to [www.nhsconfed.org/Networks/PrimaryCareTrust](http://www.nhsconfed.org/Networks/PrimaryCareTrust)

# Notes

## DH INFORMATION READER BOX

Policy	Estates
HR/Workforce	<b>Commissioning</b>
Management	IM & T
Planning	Finance
Clinical	Social Care/ Partnership Working

<b>Document purpose</b>	For information
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