

# Practice based commissioning

An introduction for a local authority audience



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For Recipient's Use	
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## Practice based commissioning in context

Practice based commissioning (PBC) is changing how health services are commissioned. This pamphlet, designed specifically for a local authority audience, contains an introduction to PBC and illustrates its potential through examples of how it is already being used in a care services context.

From April 2005, practices have been able to ask for an indicative budget from their primary care trust (PCT), covering the individual practice's share of the NHS budget. An indicative budget supported by data on clinical and financial activity enables practices to redesign services to ensure they better meet the needs of their patients.

By the end of 2006, all PCTs will have put in place the arrangements to support and facilitate practices to become involved in PBC. As such, PBC is central to the future of person centred commissioning.

This has implications for the commissioning of care services. It provides opportunities for partners to develop locality-focused, integrated and preventative service models; examples of such existing models are included in this pamphlet.

PBC gives practices greater flexibilities to redesign local services to ensure they better meet the needs of their patients and users. To achieve this they need to engage with other partners when reshaping health services; services provided by social care are amongst those that are most relevant.

The *Your health, your care, your say* consultation highlighted that people want properly joined up services which don't leave gaps in provision. People also said they wanted to see a reorientation of health and social care services to focus together on preventative and health promotion services. Through effective redesign, PBC can aid both of these elements.

This pamphlet is an introduction. You will find contact details of all of the case studies if you wish to follow these up. There are many more case studies on the internet – please see [www.networks.nhs.uk/commissioning](http://www.networks.nhs.uk/commissioning) - as well as a wealth of further information.

Please make use of these. If we can help at all, you can contact the team at [pbcc@dh.gsi.gov.uk](mailto:pbcc@dh.gsi.gov.uk)

## What is PBC?

### What is practice based commissioning?

At its simplest, practice based commissioning (PBC) is about GP practices taking on delegated indicative budgets from their PCT to become more involved in commissioning decisions for their patients. By building upon practices' knowledge of their patients, it is designed to deliver a higher standard of patient care through improved commissioning, the redesign of services and the more efficient use of resources.

PCTs are responsible for over 80% of the total NHS budget and local authorities are responsible for all the social care budget. PBC does not change this. Rather, by the end of the year – and in many areas of the country already – every GP practice will have been given an indicative budget by their PCT. Coupled with greater information on clinical activity, this will allow them to review how their patients are using health resources and look for areas of improvement. Indicative budgets, where agreed locally, can also include pooled resources under Section 31 of the Health Act 1999 and Section 10 of the Children Act 2004.

Practices then have the opportunity to redesign services that better meet the needs of

their patients, and reinvest resources freed up in further patient care.

## PBC is . . .

### 1. A voluntary scheme for GP practices with a registered list

■ All GP practices with a registered list can become involved in PBC, although this is not compulsory. There is a requirement for PCTs to put in place the right environment for PBC to happen, and it is expected that all practices will also take up the opportunity to become involved.

### 2. An indicative budget for an agreed scope of services

■ The scope of the budget is for an individual practice or locality to decide, in consultation with their PCT. The practice, or groups of practices, remain responsible for the utilisation of all services within this budget, whether the practice has redesigned the service or not. Practices are able to reinvest (in patient care) at least seventy percent of the resources they are able to free up through more effective commissioning. How they do this will be jointly agreed and approved by the PCT.

### 3. Regular information covering activity and financial data

■ PCTs should also provide benchmarked clinical and financial activity data to help practices manage their budgets.

### 4. An opportunity for practices to redesign services

■ Practices can put forward a plan to redesign services within their indicative budget. This plan must be agreed by the PCT in order to assure the quality and value for money of new services commissioned or provided by practices. By no means do practices have to commission all services; they can ask the PCT to commission particular services on their behalf.

### 5. Contracts are negotiated and held at the PCT level

■ The PCT remains accountable for achieving financial balance and is responsible for the negotiation and agreement of contracts or service level agreements with secondary

care providers, as well as monitoring and invoicing functions. In future PCTs will agree contracts using a national contracting framework template.

## What does practice based commissioning change?

- All PCTs have agreed to provide information for practices about how their patients use health resources by the end of 2006.
- It creates greater flexibility for practices to innovate and redesign services.
- More commissioning decisions will be made at practice, not PCT level.
- Where practices free up resources through more effective commissioning, they are able to reinvest at least seventy percent of these resources further further patient care.
- Clinicians will become much more aware of the financial environment that their clinical decisions operate within.

## What does practice based commissioning **not** change?

- PCTs remain legally responsible for all funds. Budgets are devolved indicatively.
- PCTs still have an active role in ensuring health needs are met across their area, and that any new services fit with the overall PCT health, and where appropriate, social care strategy.

## What does this mean for social care?

- PBC provides an opportunity for social care to work with health colleagues to plan services around the needs of a defined population.
- By tracking care-pathways across social care and health, it is possible to minimise duplication of services and to work with GPs to identify areas where they might effectively commission services from social care.
- PBC will be underpinned by a joint social care and health needs assessment of whole populations including the promotion of well-being.
- The Department of Health is producing further guidance on joint commissioning and the opportunities that it offers later this year. In the meantime, local authority partners can be proactive in their engagement with GP practices in PBC. This might be through membership of PBC locality groups, pooling of budgets, provision of information about social care users, and the development of services with integrated health and social care teams.
- The following case studies illustrate where this is already taking place.

## Case studies

### Assertive Case Management/Care Coordination: Southampton

Social Services are members of all 5 PBC localities within the City PCT.

Partners have undertaken a health profile to support management of long term - chronic diseases/self care.

There is a range of services established to avoid admission and support discharge. These are managed by Joint Managers reporting to a Health and Social Care Board for Provision.

A programme being phased in across localities offers the opportunity to ensure all Community and Primary Care Services for vulnerable elderly adults are working effectively, through assertive case management and care co-ordination.

Key professionals link through the Community Matron programme to ensure 'case finding' of people at risk and potentially in need of care. This is linked to care planning for the community services already available in order to support people at home.

**Contact:** [Debbie.Clarke@scpct.nhs.uk](mailto:Debbie.Clarke@scpct.nhs.uk)

### Pool Budgets and PBC for Social Care: Southwark

Partners have brought together all external provision commissioned to the PCT and Social Services Department (SSD) into a pooled budget (c. £50m for Older People and People with Physical Disabilities).

The aim is now for commissioned expenditure from this pool to be provided to PBC consortia in order to aid understanding of the totality of commissioning in an area whilst moving also to social care professionals working within the consortia.

The consortia will be able to commission services that alter the length of an individual's stay in acute care and also support ongoing viability of initiatives such as Partnership for Older People (POPPS), a national initiative attracting £60 million of special funding for a range of pilots.

A Local Area Agreement (LAA) will also be centred on preventative initiatives with the consortia able to participate in strategic decision making on funding streams.

**Contact:** [matthew.winn@southwarkpct.nhs.uk](mailto:matthew.winn@southwarkpct.nhs.uk)

### Primary & Community Teams: South West Staffordshire PCT

A Practice is using PBC to set up community teams to cope with cases which require a mix of health and social care expertise. Consultants in mental health, geriatrics and several other specialities are now based within a primary care setting. A social worker attached to the practice is also part of the community team.

Community nurses have been seconded to the practice to form an integrated nursing team within the practice's own team. This skill mix has significantly increased the capacity to offer a more robust approach to delivering integrated patient care.

Care is initiated by the member of the team who best knows the patient and who works with the medical team to set out a care plan which covers all aspects of medical involvement. The practice has set up a list of people in the area who can help to provide care for patients in their own homes.

The practice has also purchased the local residential home, which means day - time respite care is easily accessible. A grant from the Alzheimer's Society gave them the financial impetus to get this started.

A consultant in older peoples mental health is also helping the practice to trawl through databases to set up an at risk group of dementia patients. The practice's health visitor has taken the lead in changing her role to screen these patients and offer them anticipatory care packages where appropriate.

Voluntary organisations have also been involved and have set up an 'eldercare' patients charity called *Living for the Future* which facilitates befriending and peer support. The practice is exploring the notion of direct payments from social services but would ultimately like to have a social services PBC arrangement.

**Contact:** [gnosall.surgery@nhs.net](mailto:gnosall.surgery@nhs.net)

## Integrated Teams: Bexley

Bexley Care Trust and Bexley Council have established integrated teams of general practice staff, social workers, care managers, community nurses and therapists.

The teams are attached to registered populations of about 13,000 people.

They develop and deliver care plans for patients who are at greatest risk of a hospital admission and residential care.

The teams use the King's Fund 'algorithm' to identify patients at greatest risk and produce the case management model to plan and co-ordinate care. This is resulting in a lower level of institutional care.

### Management of Medical Emergencies in the Community

Community nursing and therapy teams, working with residential homes, have developed resident specific escalation and de-escalation plans to provide homes and their residents with a range of care options that will support the management of some medical emergencies in the community.

### Urgent Support Following A& E Attendance

An integrated team enables patients to return safely to the community. Urgent support is provided by a Rapid Response Team and ongoing support by integrated teams plus community services from the voluntary sector.

### Patient Pathways with Home Care

The Rapid Response Team has developed patient pathways with the local home care provider, ambulance team and hospital clinical assessment service in order to ensure that local people can receive appropriate adjustments to their homecare and health care "package" in the community.

This service has been successful in supporting people who have recently been discharged from hospital following an acute episode of a chronic disease.

**Contact:** [Sian.Therese@Bexley.nhs.uk](mailto:Sian.Therese@Bexley.nhs.uk)

## Integrated Commissioning & Delivery: Torbay Care Trust:

Torbay Council commissions adult social care from the Care Trust, and the two organisations work closely together.

All former staff of the council's SSD (Adult Services) were transferred to the employment of the Care Trust when it was created during 2005, joining with PCT staff.

All key functions have been integrated into a single organisation including strategic planning plus support to Practice based commissioners and care managers arranging individual care.

Operational management is integrated under a Director, and sub-divided into "zones" based on clusters of GP surgeries.

Each zone will have at least one multi-disciplinary team with practitioner links to Practices (eg DNs, OTs, care managers). Two zones also each manage a community hospital, and all zones manage in-house social care.

Budgets are devolved to zone managers. Zones are building the "commissioning groups" involving all Practices, and led by a GP.

Zone managers will be able to link their social care budgets for external purchasing of services, and for in-house services, to reshape local services by integrating health and social care.

**Contact:** [christine.branson@nhs.net](mailto:christine.branson@nhs.net)

## Next steps

There is a great deal of potential for using PBC to aid the integration of health and social care and the shift towards prevention and health promotion. This will be explored further over the coming months.

The Integrated Care Network are holding a conference on the 11th October on PBC and partnership working. The conference will offer an opportunity for discussion and learning about the relationship of PBC to partnership commissioning. It will explore the links between PBC and current policy developments, as a part of the move to investment in care and independence outside of hospital. For more information, please see [www.icn.csip.org.uk](http://www.icn.csip.org.uk)

This conference will feed into the development of a framework for joint commissioning and health and well-being, due to be published at the end of the year.

## Further information

The **Department of Health** website has further information about what practice based commissioning is and how it is changing commissioning.

[www.dh.gov.uk/pbc](http://www.dh.gov.uk/pbc)

**NHS Networks'** has a range of commissioning case studies, including those how PBC is being used, or can be used, to integrate health and social care.

[www.networks.co.uk/commissioning](http://www.networks.co.uk/commissioning)

The **Care Services Improvement Partnership** supports positive changes in services and in the wellbeing of vulnerable people with health and social care needs.

<http://www.csip.org.uk>

The **Integrated Care Network**, part of CSIP, offers advice on partnerships and integration that cut across all services in health and social care. It works closely with other networks and programmes across CSIP to ensure synergy in improvements.

[www.icn.csip.org.uk](http://www.icn.csip.org.uk)

The **Improvement and Development Agency** (IDeA) works in partnership with all councils, to enhance the performance of the best, accelerate the speed of improvement of the rest, and develop the sector as a whole. The website IDeA Knowledge delivers in-depth improvement news and examples of good practice from councils across England and Wales, and provides access to the IDeA's range of tools and services.

[www.idea-knowledge.gov.uk](http://www.idea-knowledge.gov.uk)

The aim of the **Social Care Institute for Excellence** (SCIE) is to improve the experience of people who use social care by developing and promoting knowledge about good practice in the sector.

[www.scie.org.uk](http://www.scie.org.uk)