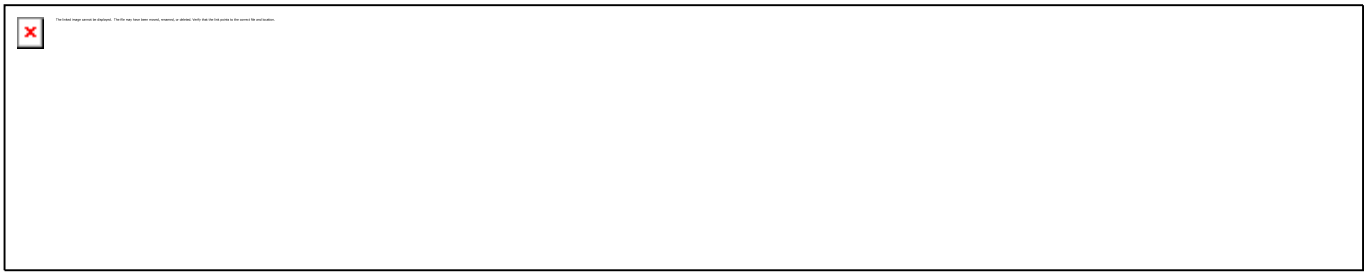

HEALTH SCRUTINY PANEL

PRACTICE BASED COMMISSIONING

EXECUTIVE SUMMARY

BACKGROUND

1. The Panel heard that the overall aim of PBC was to improve access to and quality of services. The advent of PBC was first announced in the NHS Plan in 2000. It was further developed in the NHS Improvement Plan, which stated that from April 2005, General Practices that wished to be active in PBC would be given indicative commissioning budgets.

2. The Panel heard that extensive guidance had been produced including in October 2004, the Department of Health set out proposals for PBC which incorporated the following:

3. That GP practices would play an important role in commissioning services for their patients and local populations

4. That patient choice would be a key driver for quality and empowerment and PBC would secure a wider range of services, respond to local needs and give patients wider choice

5. That practices would be able to direct funding of packages of care for long term conditions

6. That a greater variety of services from more providers outside of hospitals, where applicable and cost effective, in convenient settings for patients would be provided

7. That more efficient use of services would be provided

8. There would be greater involvement of frontline doctors and nurses in commissioning decisions

CONCLUSIONS

9. Practice Based Commissioning, if fully utilised, remains a hugely useful policy tool in developing local services according to local need. It does, however seem to be significantly underused and possibly even undervalued by the local clinical community.

10. On the basis of the representations heard, there appears to be a significant lack of clinical engagement which is having a detrimental effect upon the impact of Practice Based Commissioning. The Panel also accepts that there is an element of 'Chicken and Egg' in this regard. PBC in Middlesbrough finds itself in the position whereby it would make a much greater impact if there was more extensive clinical engagement, although greater clinical engagement will (probably) only come when PBC has made some impact.

11. According to the evidence considered by the Panel, the PCT shown considerable commitment has invested significantly in Practice Based Commissioning in Middlesbrough, with sizeable amounts of finance being devoted to Practice Based Commissioning and a well resourced team of staff.

12. On the basis of the representations considered by the Panel, PBC in Middlesbrough has an excessively medical focus. Whilst the Panel accepts that medical matters will always heavily influence Practice Based Commissioning, there appears to be a lack of focus on wider determents of people's health and non-medical interventions that could be of great assistance. The Panel therefore feels that Practice Based Commissioning is missing out on something that could have a huge local impact.

13. On the basis of the representations heard by the Panel, there does seem to be a great deal of work involved in getting an idea for a service to a delivery stage through PBC. Whilst the Panel understands that a substantial amount of work is required to deliver a service, it would like to see the PCT consider whether any elements of that process could be made swifter and easier to navigate.

14. The Panel feels that there is a responsibility on General Practice to engage with PBC more than it is at present. From time to time, the Panel has heard representations from General Practice that there is not sufficient choice or variety to prescribe in certain areas, with mental health being a good example. PBC provides General Practice with an ideal opportunity to do something about such a scenario, so the Panel finds it disappointing that people do not engage more fully with the programme.

15. At present, the Panel feels that the small number of GPs that are actively engaged with Practice Based Commissioning is disappointing and ultimately places too great a strain on that small cohort.

16. On the basis of the representations that the Panel has heard, The Department of Social Care is not sufficiently involved in discussions about Practice Based Commissioning priorities in Middlesbrough despite the opportunity to do so. It therefore lacks an important perspective in its discussions.

17. The Panel feels that PBC would benefit from an overall clinical lead, with the necessary status and time to drive PBC forward. Such a development would ensure that there would be a clinical lead dedicated to working full time with cluster chairs, who would have the time, knowledge and credibility to drive the matter forward and actively engage with GPs and partners. Such a role could also take some strain off the practising GPs who are actively engaged with PBC.

RECOMMENDATIONS

18. That General Practice engages much more fully with PBC and takes an active role in the operation of the PCT's Strategy Delivery Groups. General Practice representation on each strategy delivery group strikes the Panel as a sensible and not too onerous way forward.

19. That PBC and the Department of Social Care work collaboratively to take a joint responsibility and ensure that commissioning of services properly reflects the full spectrum of needs across Middlesbrough. This would assist the PBC Cluster by accessing the Department of Social Care's expertise around service design and commissioning. In addition, it would also encourage discussions around service design to focus upon the whole person, thereby complementing medical interventions with non-medical interventions, which could be just as powerful in the correct circumstances.

20. That the PBC Cluster actively broadens its focus to consider commissioning around issues which have a wider focus than strictly medical interventions. This should include the preparation of joint commissioning plan with the Department of Social Care, with a specified timescale.

21. That the PCT and PBC develops a process that expedites innovations from the embryonic stage to the point where a service is operational, and looks to make that process as easy and swift to navigate as possible.

22. That the PCT employs a senior salaried clinical lead for PBC, who is principally responsible for convening and driving forward the PBC agenda across Tees.