

Havering PCT

Practice Based Commissioning

Locally Agreed Principles

- Commissioning Practices will be required to take responsibility for the care needs of their patients (through provision and/or commissioning of appropriate services) for all services that are outside the scope of services commissioned on a specialist basis and are defined as such by the NSSCG.
- This will include responsibility for all non-specialist primary, community & secondary care arrangements for acute, mental health and learning disability patients and community health services. Incorporating elective and emergency activity including A&E activity.
- The appropriate management of demand and the monitoring of all patient activity and associated performance of commissioned providers in terms of quality, governance and achievement of targets will be the responsibility of the commissioning practices.
- Commissioning practices will be provided with a budget (to be determined in accordance with forthcoming detailed guidance – February 2005) to support the provision/commissioning of the aforementioned services. This devolved budget will also include the devolution of the prescribing budget to each commissioning practice.
- Commissioning practices will be required to discharge their responsibilities taking full account of the national strategies around Npfit, Booking & Choice and Payment by Results – and other strategies that may emerge on a national/local basis.
- HPCT consider that the patient base for commissioning to be effectively undertaken at practice level is upwards of 25,000 and has not put a maximum or ceiling on the number of patients to be covered.