

Havering PCT
Practice Based Commissioning
Practice Business Plans
Outline Requirements / Template

The following areas – not in any particular priority need to be reflected in the business plans that practices are asked to submit in support of their intention to take on practice based commissioning responsibilities. Practices can use this as a guide or indeed a template by which they can construct and submit their plans.

1. Which practice(s) are submitting the bid :
 - Practice & GP names
 - Population / List Size covered
 - Current progress with reaching intra practice agreement detailing timeframe by which such arrangements will be finalised.
 - Process and timetable (where applicable) whereby other practices will join to increase patient base to the required minimum established by the PCT.

2. How will practice(s) work to fully discharge PBC requirements
 - a) Infrastructure
 - Who will be lead(s) – clinical / managerial
 - How much time will be devoted to PBC – by lead(s), by others
 - What support arrangements are practices anticipating being able to make available from within their existing infrastructure
 - What skills / experience exist within the practice(s) to support PBC
 - What involvement have practices had in commissioning processes to date
 - What are the constraints staffing / IT / premises / etc – and what options exist to address these
 - What support would practice(s) be looking for from PCT / Localities.

 - b) Clinical
 - what clinical expertise already exists within practices /consortia
 - how is this clinical expertise currently being used to provide primary care alternatives to secondary care treatment / intervention
 - what other opportunities are there to extend provision of such services to other practices in the consortia
 - how could these skills be further developed to optimise primary care provision
 - what other ways are the practices / consortia looking at / considering to develop primary care services to minimise use of secondary care where appropriate

- is there a plan / timetable in place to take this forward
- what are the constraints to making progress in these areas and how would these be managed / overcome

c) Operational

- how will practice(s) work (collaboratively) to :
 - ensure appropriateness of referrals
 - monitor and manage patient activity
 - increase / improve availability / accessibility of primary care service provision
 - satisfy quality requirements and ensure that NHS targets are fully met

d) General / Developmental

- How can practices / consortia demonstrate that they are thinking about changing patient flows and ensuring that appropriate evidence based primary care alternatives are accessed / used / developed.
- What plans do the practices / consortia have for service developments within the community and what processes exist for developing preventative services.
- How would these deliver service at the same price or at a saving
- What evidence is there that practices / consortia are profiling the health needs of their patients and for example if there was a rising incidence of CHD amongst the population base, how would the practices / consortia align commissioned activity to accommodate this increase
- Identify what other ways that practices could consider / intend changing / implementing to enhance patient pathways / experience.

In all of the above, it is recognised that a significant amount of development work will be required in most if not all practices in order to get them to where they want to be eventually. As such it is suggested that in addressing the above issues within the business plan, the current position is detailed and information is given as to how progress will be made in the identified development areas and the timescale within which this will be achieved – also identifying phasing / milestones to be achieved to confirm progress.

Remember this is not the end of the process it is the start of something, it is not expected therefore that anyone will have all of the answers now, but we need to be demonstrating that we are thinking along the right lines and that we have robust arrangements in place to take us forward. When we get it right the benefits for patients and practitioners alike will be well worth the effort.