

HAVERING PCT

PRACTICE BASED COMMISSIONING (PBC)

Background

The Department of Health introduced opportunities for practices to have a right to take on responsibilities for commissioning, subject to PCT agreement and in line with local principles, in their guidance of October 2004.

This guidance has been further supplemented by technical guidance issued in February 2005 and in the more recent publication of the "PCT Toolkit" in May 2005.

Throughout the guidance, it is clear that the Professional Executive Committee (PEC) in each PCT has a significant lead role to play in promoting, supporting, implementing and developing PBC in their local areas. For anyone that is interested, the role of PEC is most concisely identified in the PCT Toolkit, the relevant extract from which is in [Appendix A](#) for information.

Local Process

Havering PCT has always been keen to promote the appropriate devolution of commissioning responsibility to practice level and significant levels of interest has been shown by our GP practices in the opportunities available through PBC.

To date, a steering committee has been established under the chairmanship of the GP Chair for Romford Locality (who is also an LMC and PEC member) and the PCT has identified dedicated director level support to the programme. Three separate PCT wide events on PBC have been held (starting in July 2004 even before the publication of national guidance) which have been extremely well supported and attended, culminating in a thought provoking and stimulating "Simulation Event" in May 2005, facilitated by the Office of Public Management (OPM).

Following recommendations from the Steering Committee, PEC agreed local principles for the implementation of PBC across Havering at their January 2005 meeting. Those principles (summaries of which can be found in [Appendix B](#)) have been applied in a work stream established by the steering group to formalise the process of identifying and agreeing practices/consortia interested in taking on commissioning responsibilities under the framework of PBC and in line with locally agreed principles.

In order to apply for PBC status, the steering group established a framework/template that practices were asked to work to in submitting business plans supporting their aspiration to become commissioning practices/consortia, a copy of the framework is available in [Appendix C](#).

It is important to emphasise though that in taking forward and implementing PBC across Havering PCT, it has already been agreed that 2005/06 will be an introductory or shadow year.

To this end, it has been identified that coverage will initially be limited to elective activity at acute service providers and that the budgets identified will be indicative only.

By adopting this approach, it is aimed that as many practices/consortia as possible will be encouraged and supported to become commissioners and that 05/06 will be used by practices and the PCT as a preparatory year, with full responsibility devolved from April 2006 onwards.

Current Position (September 2005)

Following the processes outlined above, Havering PCT PEC have agreed to the establishment of six PBC clusters / consortia to date, two in the first wave from 1st July 2005 and a further four to start in the second wave from 1st October.

A total of over 172,000 patients will therefore be registered to practices involved in PBC, across these 6 commissioning clusters / consortia. If discussions on possible additional practices being incorporated into these clusters are fruitful, and there is every reason to be optimistic about this, then the total patient base covered will increase to nearly 200,000 or over 81.5% of the PCTs registered population base.

This will however, still leave 10 practices outside of PBC arrangements and one focus of work now will be to engage with these practices and identify opportunities and options to enable them to become involved and thereby achieve the 100% coverage required.

The steering group is also considering the possibility of establishing a further facilitated event, similar to that held in West Lodge, Upminster to bring together local PBC leads to ensure that there is a robust and effective network support arrangement in place amongst practices / consortia.

Ongoing PCT Work

The PCT continues to undertake work to support the effective implementation and ongoing development of PBC. This ranges from ensuring timely availability of reliable, appropriate and relevant information through to providing dedicated support to consortia in specific areas e.g. Finance.

There are two main areas where work is currently being focussed, the provision of historic activity details to practices and the establishment and agreement of appropriate budget setting methodologies.

On the former issue, details are now available and are in the process of being shared with practices / consortia. On the latter issue, a paper will be taken to PEC in October detailing the options considered and recommending a way forward for the PCT.

All of these issues will continue to be focussed on by the PBC steering group who will continue to drive the agenda forward.

Should anyone require any further information on Practice Based Commissioning at Havering PCT please e-mail Robert.Evans@haverinpct.nhs.uk