Delivering the Vision

Innovations from the Eyecare Pathways

New Approaches to Commissioning Eyecare

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NHS Primary Care Contracting

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DH Department of Health

Lessons from the ECSSG Pilot Evaluations

- It is challenging and it takes time to change historical working practices

- Strong relationships will be a major influence on the success of the project.

- These will be built on a personal rather than an organisational basis

- Communication strategy should ensure engagement of all potential
- stakeholders

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Lessons from the ECSSG Pilot Evaluations

- Mapping is needed for:
  - current service delivery
  - future demand
  - capacity issues
  - patient engagement
  - cost benefit analysis

So why bother?

- Our Health, Our Care, Our Say
- Commissioning Framework – July 2006 – commissioning cycle
- Operating Framework 2007-08
- Practice Based Commissioning: practical implementation guidance

Our Health, Our Care, Our Say

- More care undertaken outside hospitals and in the home

- Better joining up of services at the local level

- Allowing different providers to compete for services

- Improvements to access

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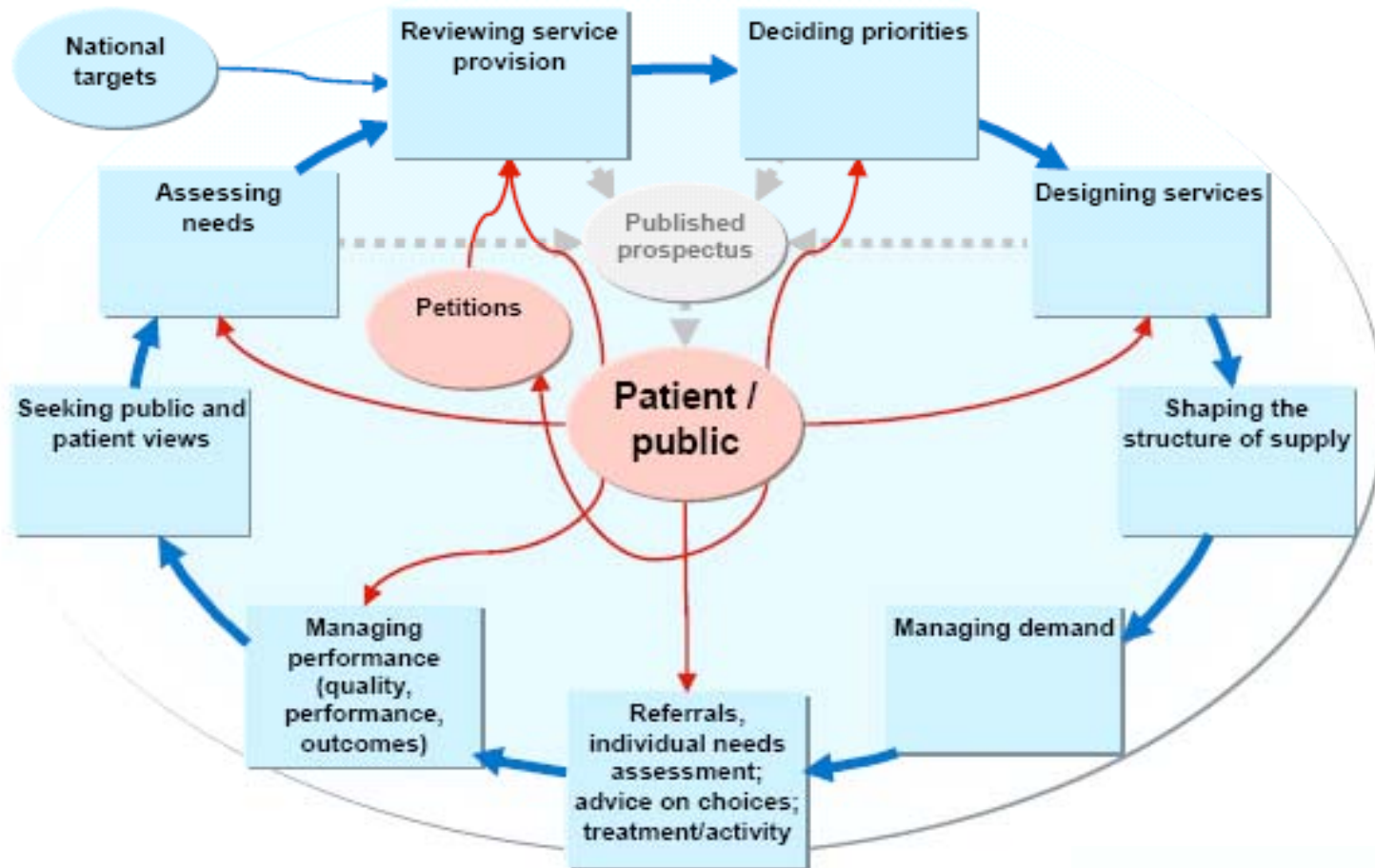Primary Care Contracting

Operating Framework Priorities for 2007-08 include:

- Achieving a maximum wait of 18 weeks from GP referral to start of treatment of patients

- Reducing health inequalities

- Achieving financial health

The Commissioning Cycle

National targets

Reviewing service provision

Deciding priorities

Assessing needs

Published prospectus

Designing services

Petitions

Patient / public

Seeking public and patient views

Shaping the structure of supply

Managing performance (quality, performance, outcomes)

Referrals, individual needs assessment; advice on choices; treatment/activity

Managing demand

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Practice Based Commissioning: practical implementation

- Optometrists, dentists and pharmacists should start to get involved

- For providers looking to supply a routine elective service, including those developed through PBC, tendering may not be required – see detailed guidance

- PCTs should seek to establish a range of providers, driving up quality through contestability

Business Planning & Self Assessment

- Questions cover a number of important commissioning aspects

- Questions can be used as a guide to assess how local implementation of community eye care services can be commissioned and implemented more quickly, comprehensively and effectively

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Business Planning & Self Assessment

- Questions provide a useful guide to local business case planning for Practice Based Commissioners

- Answers can be used as the beginning of a coherent business plan which will need to be discussed with local stakeholders and submitted to the PCT for ratification

- Not all questions will be relevant to local circumstances

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Local Need

- Has a local needs assessment taken place?
- Is there real evidence of the need for improved eye health across the whole area or in smaller localities?
- Will this service have an impact on local delivery plan and public health targets or PBC objectives?
- Can future demand for hospital eyecare services be determined accurately?

Practice Based Commissioning

- Are local PBC clusters involved in local commissioning decisions?

- Is there expert support provided to local practices?

- Can it be demonstrated that commissioning resources be freed up to re-invest in primary care?

- Are local or alternative providers incentivised to provide a high quality service, delivering better patient outcomes?

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Stakeholder Engagement

- Has a clinical lead for the service been identified?

- Is there visible/active clinical engagement in the planning, delivery and monitoring of the service?

Stakeholder Engagement

- Have all other local stakeholders been identified, including:
    - patient representatives
    - local people
    - secondary care
    - Local Authority
    - voluntary sector and third sector?
- Are they involved in design of the patient pathway and local indicators of performance?

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Workforce

- Is there a clear projection of capacity needed to cope with current and future patient demand?

- Are there contingencies in place for cross cover during holidays/sickness?

Workforce

- Will service providers be able to use the full range of skill mix where appropriate?

- Have providers got access to accreditation and continuing professional development opportunities locally?

Infrastructure

- Do provider premises offer a good range of choice and accessibility for local patients?

- Have equipment and premises been checked and do they comply with minimum standards?

- Is there a mechanism to utilise or develop an integrated IT solution for dealing with patient records management and clinical audit?

Funding

- Have resources for a full service been clearly identified?

- How and when will providers get paid and for what deliverables?

- What negotiations have taken place?

- How cost-effective is this service in relation to hospital services under tariff?

Governance

- Has there been an analysis of risks in developing and implementing this service?

- Is there a clear plan for integrated governance on an ongoing basis?

- Is there a clinical governance lead identified?

- Have links been built in to the Standards for Better Health?

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Performance Monitoring

- Have simple, measurable criteria for provider behaviours/activity and patient outcomes been developed?

- Is there a clear process of monitoring and reviewing performance of individual providers and the service as a whole?

Contracting

- Has the appropriate primary care contracting route for the service been identified?

- PCT or PBC cluster? Supra PCT level?

- Is there a clear process for reviewing contracts and managing entry and exit of local providers?

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Access

- Will the proposal decrease health inequalities?
- Will the proposal improve access to care?
- Will the service be accessible to patients with disabilities?
- Will the service be accessible to black and minority ethnic groups?

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How will NHS Primary Care Contracting be helping?

- Toolkit with examples of emergent practice – published today

- 4 Regional Events

- Early March

- Very practical and hands on

- Likely venues – Taunton, Manchester, Birmingham (or Leicester) & London

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How will NHS Primary Care Contracting be helping?

- Follow up events – maybe?
- Support in using the toolkits
- Advice on dealing with the 3rd sector
- Publishing and promoting good practice
- Website and FAQs expanded and rewritten
- Query helpline & email address
- Briefing papers

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