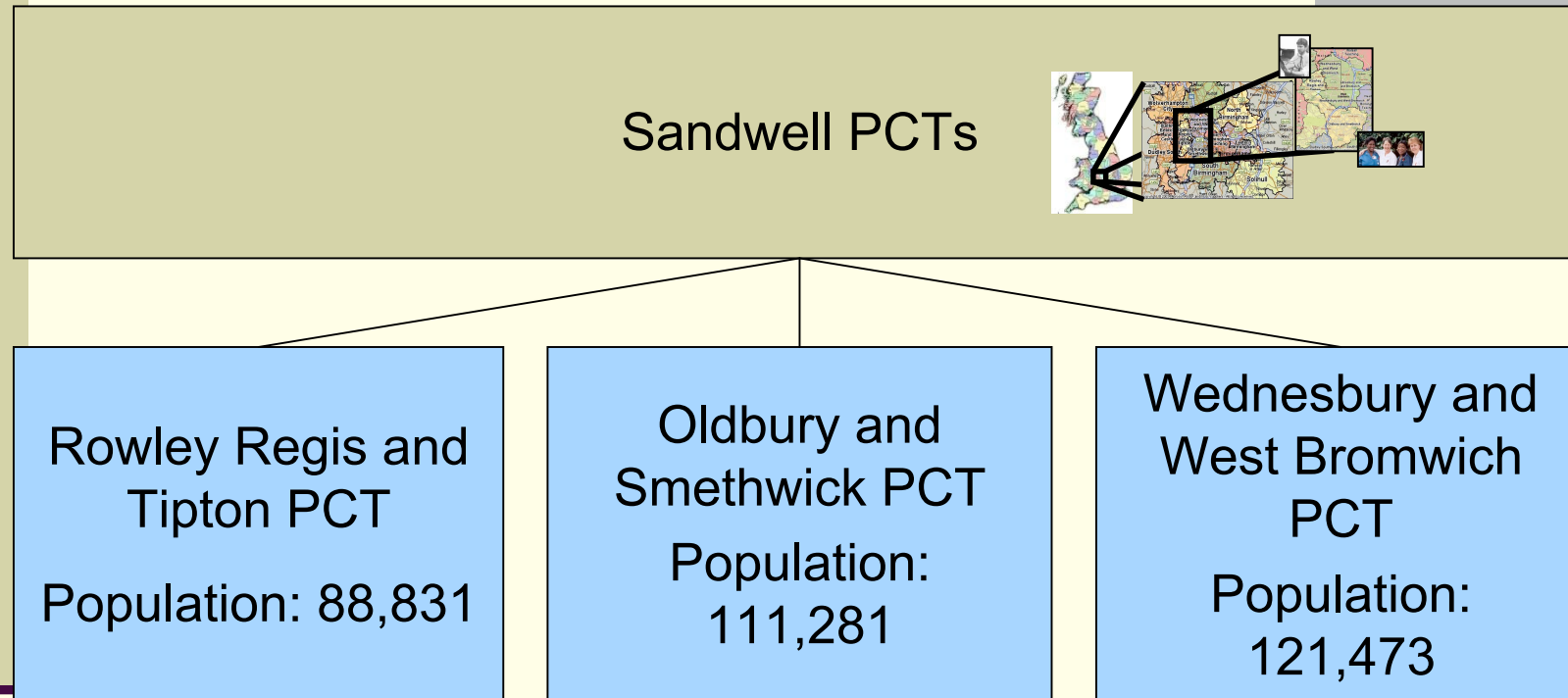

Effective planning in OOH services: Benefits realised and challenges faced by a group of PCTs

Dr Diane Reeves
Mrs Gail Fortes Mayer
20th July 2006

Sandwell Primary Care Trusts are 3 PCTs with a single management team



- Total Population: 321,585
- High population density
- Excellent road infrastructure
- PCTs straddle the M6-M5 intersection near Birmingham

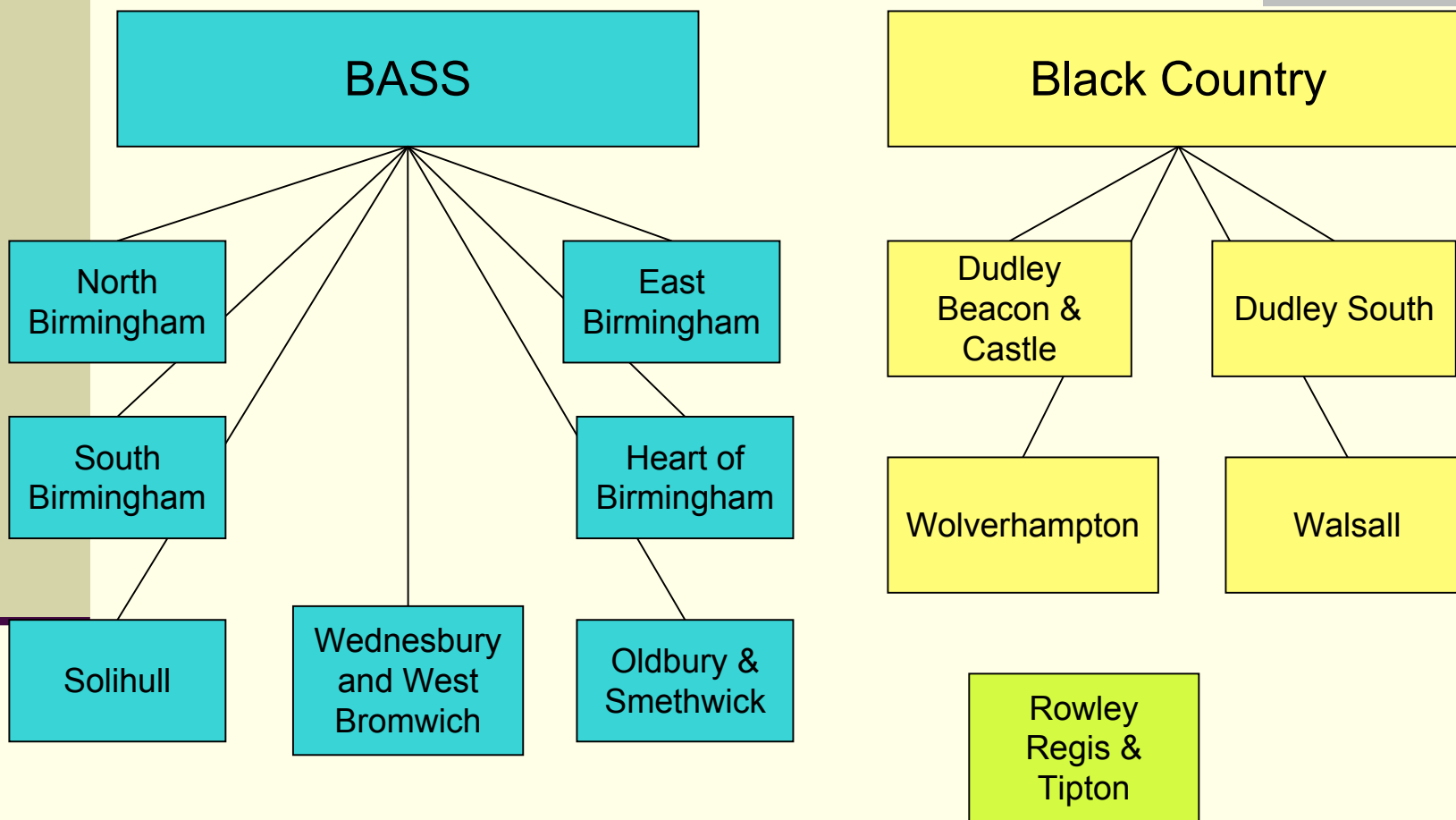
The Sandwell PCTs face a number of challenges

- Social deprivation is high
 - Low income area
 - 101,000 (30%) of population are on low incomes
 - 11th most deprived Local Authority in England
 - Significant ethnic community
 - Rowley Regis & Tipton 12%
 - Wednesbury & West Bromwich 20%
 - Oldbury & Smethwick 21%
 - Poor literacy amongst 45+ age groups
 - 42% have a deficit

...and the healthcare challenges are enormous

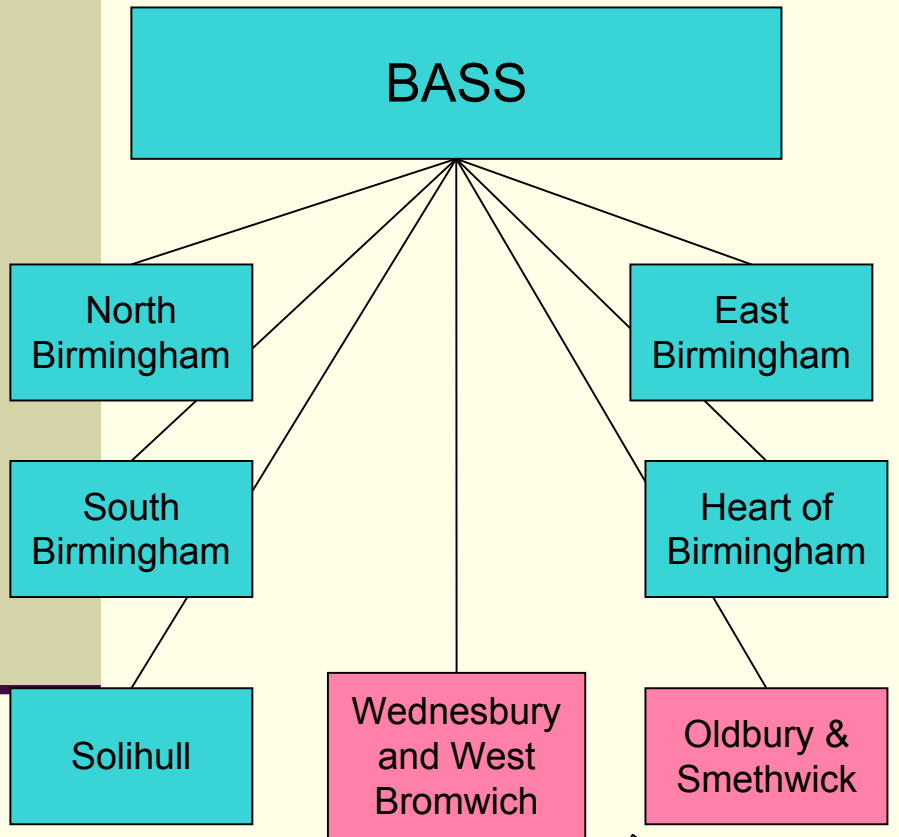
- Long term conditions
 - 22% of population have a limiting condition
 - 7% of working age population have a permanent illness or disability
- Impacts on health
 - Sandwell PCTs have higher than average instances of
 - Perinatal and infant deaths
 - Coronary Heart Disease
 - Cerebral Vascular Disease
 - Over 20% of deaths in Sandwell are from cancer

There are two out of hours procurement Consortia in the West Midlands

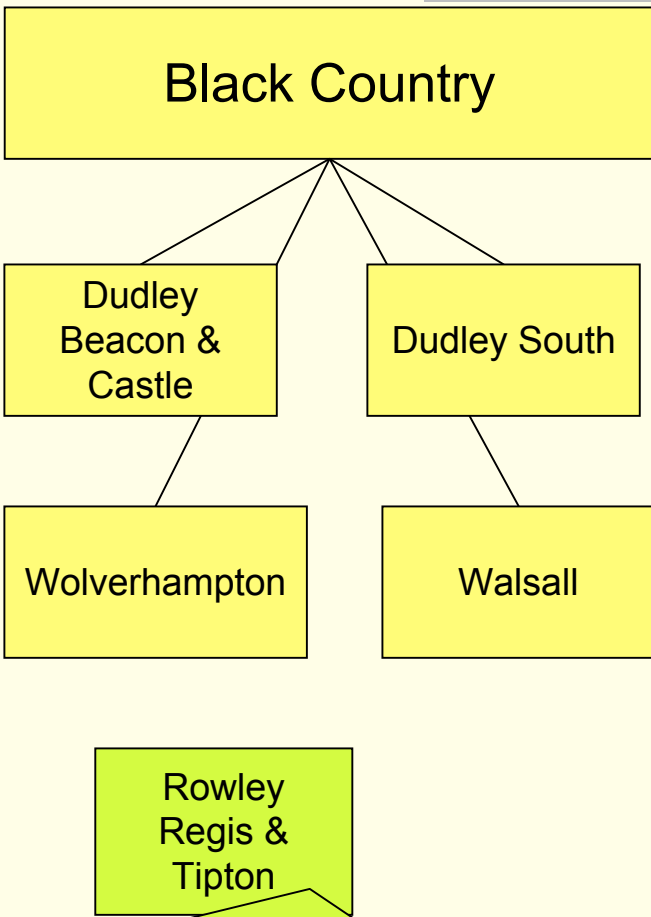


Rowley, Regis and Tipton PCT was not a member of either consortium in 05-06. South and Solihull dropped out in 2006-07 and RRT joined BASS

Providers of services for the Sandwell PCTs 2005-06



Provided by NHS Direct and Primecare (233,000 patients)



Provided by the PCT – based on Dudley Doctors (89,000 patients)

What was wrong

- 3 different services across the borough
- 3 services working at 1/3 of capacity
- Too expensive
- Too much involvement of the commissioners in the day to day running of services
- Services not meeting quality standards
- Too much anecdote, not enough performance management
- Non-robust contract and performance management framework

Change in approach

- An integrated service for the 3 Sandwell PCTs
- A cost effective service
- An outcome focussed commissioning specification
- Robust contract and performance management framework

Key principle

The specification should set the standards not detail how the service will be delivered – we should challenge bidders to tell us how our standards are best met

How we did it

- Benchmarking exercise (Healthcare Foundation)
- Stakeholder engagement
 - Other PCTs in consortium
 - Users
 - Practice based commissioners

How we did it

- Specification production
- Procurement process
- Decommissioning and implementation/handover

What was in the specification- description of outcomes

- Shorter patient pathways
- Triage to be completed by front-end (no more than 5%? called by back-end provider)

- Managed waiting times to face to face consultation

- Better provider integration
- Smoother handover and overlaps

- Reliable prioritisation of patients
- Standard framework for disposition

Examples

- No ring back, call streaming of patients direct to PCT when safe, front end provider reduces doctor advice and policy direct transfers

- Consultation by appointment booked as part of assessment

- Transfer of patients between services and front/back end

- Consistent classification into emerg/urgent/routine. More patient advice, fewer home visits

Emphasis on patient-focused commissioning

- Access to services
- Transport
- Interpretation
- User involvement in service development
- PPI
- Performance management by Commissioner
- The type of bonus and penalty arrangements:
 - Which specific targets?
 - Time to assessment
 - Disposition types

How do we:

- Provide equal access to the service for all patients?
- Build in 'voice of the patient'?
- Ensure consistency with PCT strategies?
- Drive continuous improvement?
- Reward excellence (and penalise under-performance)?

Sufficient detail to provoke bidder response

Specific detail

- Dispositions:
 - Home visiting (<10%)
 - Advice (>50%)
 - Ambulance (<3%)
- Patient prioritisation
 - Urgent and emergency (<12%)
- Clinical assessment:
 - Agreed protocols
 - Finished by front-end provider for >95% of patients
- GP feedback
 - Standardised message content
- Patient transport:
 - Provision for deprived populations
- Peak / trough demand:
 - Capacity to meet demand
- Clinical governance
 - Partnership working (a duty of clinical co-operation)
 - Joined-up, agreed processes
 - Multi-disciplinary audit and feedback to clinicians
- Long term condition management
 - Arrangements for collaboration in case management

Percentages are indicative – not part of the specification

Full procurement plan

- Procurement plan showing what happens when and the time between each procurement event
 1. Form a multi-disciplinary evaluation team
 2. Release of specification
 3. Receive expressions of interest
 4. Receive and respond to initial questions
 5. Supplier briefing day
 6. Respond to additional questions
 7. Receipt of submissions
 8. First, paper evaluation
 9. Short-listed supplier presentations
 10. Second evaluation (of presentations)
 11. Announcement of preferred provider(s)
- Took from October to end of March
- Similar to primary care procurement process
- Specialist support from NHS procurement agency hosted by BBCHA

Challenges-strengthening the commissioning function

- Engagement of stakeholders
 - overcoming historical attitudes and moving towards outcome focussed commissioning
 - Meaningful user involvement
- Benchmarking
- Writing the specification
 - generic enough for everyone but locally flexible
 - Including standards for better health as well as Carson
 - Linking to PCT strategic objectives
 - Integration with other PCT initiatives
 - Addressing local issues e.g. palliative care
- Decommissioning
 - The right to decommission!
 - TUPE

Benefits

- Multiple providers commissioned to deliver the same specification across 6 PCTs
- Clear outcomes agreed that can be performance managed
- Robust contract & performance management framework
- Cost effective service
- Model for other re/de commissioning processes

Discussion
