Wyre Forest GP Commissioning Consortium

Expression of Interest in Pathfinder Programme

Introduction

The Wyre Forest GP Commissioning Consortium wishes to put itself forward as part of the national Pathfinder programme. The Consortium is already established and is working hard to develop an effective commissioning role as set out in the White Paper ‘Equity and excellence: Liberating the NHS’. The Consortium believes that it is now in an ideal position to contribute to the Pathfinder programme with benefits both to itself locally and to the wider NHS as part of a West Midlands wide and national learning network.

The Consortium has been formed by the 13 Practices located within northwest Worcestershire. The Practices are all within the geographic boundary of Wyre Forest District Council, which covers the three main towns of Kidderminster, Bewdley and Stourport-on-Severn and several surrounding villages including Arley, Rock, Chaddesley Corbett and Wolverley. The Practices have a total registered population of just over 112,000.

The Practices in Wyre Forest have a long history of working together. All of the Practices were part of previous GP Fund Holding arrangements and worked very closely together during this period. From 1999 – 2001 they worked together via Wyre Forest Primary Care Group and from 2001 to 2006 as Wyre Forest Primary Care Trust. Since 2006 they have worked with NHS Worcestershire as a successful Practice Based Commissioning (PBC) Cluster. Wyre Forest has a long and well established GP Association and Executive of which all 72 Wyre Forest GPs are members.

Wyre Forest GP Commissioning Consortium was formally established and fully recognised by NHS Worcestershire on 1st October 2010. It is currently developing itself as a high performing clinical led commissioning organisation, which is able to take on significant devolved responsibilities from April 2011.

Clinical Leadership

The Practices have worked together as a clinically led PBC Cluster for the last four years. However, clinical leadership of the commissioning process goes back to GP Fund Holding days.

Over the last few months the local clinical leaders have managed the transition from the PBC Cluster to the new Consortium. This process has included a NHS Alliance / Humana led development programme earlier this year. All Practices have been involved in the formation of the new Consortium and have signed-up to a development plan via a workshop.
in September 2010. The Consortium is currently actively pursuing the Commissioning Academy programme from January 2011.

A formal constitution has been agreed by the 13 Practices, which includes robust governance arrangements between the Practices and the Consortium and between the Consortium and NHS Worcestershire. The Consortium has formally been established as a Committee of NHS Worcestershire to facilitate and enable the delegation of roles and responsibilities particularly from April 2011.

The Consortium is led and governed by a Board comprised of three directly elected GPs (one of which is the Clinical Chairman), an elected Practice Manager and arrangements have been made for an experienced acting Chief Officer and Chief Financial Officer. The Board will formally be in place by the end of November 2010 and meets for the first time in December. The local General Practitioners Association and NHS Worcestershire have overseen these governance arrangements including the election process. Worcestershire LMC was invited to comment on the constitution. Agreement has also been reached with a local GP with extensive management experience to observe Board meetings for the first 6 months and act as a ‘critical friend’.

The Consortium, whilst GP, led fully recognises the need for wider clinical engagement. It believes that decisions should be made as locally as possible and its role is to facilitate clinical commissioning at a Practice level.

The Consortium’s governance arrangements include a key role for the Wyre Forest General Practitioners Association (GPA) and the formation of a Consortium Advisory Group, which will include a range of key stakeholders including public and patient representatives. Both the GPA and the Advisory Group have a ‘parliamentary’ role, which includes holding the Board to account at a collective and individual level in a similar way to the Governing Body of a NHS Foundation Trust. The constitution includes a ‘right to recall’ which may be exercised in certain circumstances by the 13 Practices.

The emerging Consortium has been working closely with NHS Worcestershire and the two other developing Worcestershire based GP Consortia. Regular monthly meetings ensure shared learning, which is particularly focused on areas of mutual interest i.e. shared functions and access to specialist commissioning advice. The Consortium is working with NHS Worcestershire to ensure that the appropriate management capacity is in place to support delegated commissioning.

Local Authority Support

The emerging Consortium Board has already met with the Chief Executives of Wyre Forest District Council and Worcestershire County Council. This Pathfinder bid has the full support of Worcestershire County Council. Early agreement has been reached on a number of key areas including joint commissioning arrangements for adult and children’s services, the role of the District Council in the Advisory Group and most importantly the role of the Consortium in the Worcestershire Health and Wellbeing Board. Discussions have also taken place on arrangements for back-office and support functions including accommodation both in the short and long term. The Consortium is fully committed to
ongoing NHS partnership in the Worcestershire’s Total Place programme and the wider opportunities for public sector efficiencies.

Meetings have also taken place with other local stakeholders including the MP for Wyre Forest, patient representatives and local provider organisations.

Over the next six months the Consortium will want to work with Worcestershire County Council to formalise the joint commissioning arrangements, the role of the Health and Wellbeing Board and the relationship between the new Public Health Service and local commissioning arrangements.

**Commissioning Development**

The PBC Cluster and now the Consortium have had dedicated commissioning, information and finance support for the last two years. PBC arrangements have included delegated budgets for a range of services (circa 65% of the total commissioning portfolio). Financial performance across 2009/10 was sound, as is forecast performance for 2010/11.

NHS Worcestershire and the previous Wyre Forest PBC Cluster have worked closely together overly the last 18 months on the 2010 - 2014 commissioning strategy which is underpinned by a robust £60 million QIPP programme. It has been fully recognised for some time that many QIPP expectations can only be delivered with full GP engagement (and that a lack of engagement has been the major reason why PCT led demand management initiatives have not always been successful).

The central theme of Worcestershire’s QIPP programme is to reduce the reliance on acute beds by developing community based services closer to home. The PBC Cluster and now the Consortium have been actively working on this strategy. Efforts to-date have focused on the demand management of elective activity particularly orthopaedics (the Practices have high access rates). Earlier this year the Cluster worked with NHS Worcestershire on decommissioning the Kidderminster based ISTC. The Consortium has now commissioned a musculo-skeletal ICAT service, which started in October 2010. This takes referrals from all 13 Practices. Other locally led demand management initiatives include dermatology and ophthalmology.

The Practices have a strong track record on working together on medicines management initiatives and current prescribing performance is good. Early discussions have already taken place on future support arrangements.

The major focus for 2011/12 will be a major demand management initiative aimed at reducing unscheduled acute admissions. The Consortium has played a major role in determining the best arrangements for community services via the TCS programme, including the future of the Wyre Forest Community Unit based at Kidderminster Hospital. It is now working with local acute and community providers to develop ‘virtual ward’ arrangements based on risk-stratified patients from next year, which will significantly reduce acute admissions. Ensuring the right future for the Kidderminster site is crucial to the success of the Consortium and arrangements for ‘locality boards’, have been agreed which brings out the best of the ‘co-operation’ and ‘competition’ models i.e. primary and secondary care clinicians working together.
Delegated Responsibilities

The Consortium has been formally recognised as a Committee of NHS Worcestershire from 1st October 2010 with the expectation that it takes on significant responsibilities for commissioning from April 2011 i.e. at least a year ahead of the national timescale. It aimed to do this as part of a local development agenda even before the national Pathfinder programme was announced. The existing arrangements for delegation are set out in an accountability agreement between the 13 Practices and NHS Worcestershire. This is a legally binding agreement (a local addition to the national GMS and local PMS contracts via a LES). This agreement commits the Practices and previous PBC Cluster to a range of responsibilities in return for formal delegated authority and financial support to fund clinical and management input and access to ‘development’ monies to support service change in line with QIPP needs.

This accountability agreement is currently being revised to ensure that it is ‘fit for purpose’ from April 2011. This will be a key aspect of the transitional period until April 2013 and learning will need to be extracted by the NHS Commissioning Board from April 2012 to facilitate the new national Practice contract.

From April 2011 the Consortium wishes to take on full responsibility for those services, which it is likely to commission from April 2013 i.e. clinical led commissioning but working in partnership with NHS Worcestershire as it moves through the learning period. The Consortium will therefore work closely with NHS Worcestershire to ensure effective succession planning including management capacity. The Consortium will also work closely with the other emerging Consortium and Worcestershire County Council.

Summary

The Wyre Forest GP Commissioning Consortium believes that it can benefit from and make a contribution to the wider NHS via the Pathfinder Programme. This bid has the full support of the Practices and NHS Worcestershire. The Consortium fully understands the responsibilities that will come with Pathfinder status including participation in the national learning network. The Consortium does not under estimate the significant development required to create a successful, entirely new clinically led commissioning organisation. It believes that it has already made excellent progress to-date and is ideally placed to take the local and national agenda forward.

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