

BANES Commissioning Consortium

Newsletter May 2009

➤ **New Member!**

The PBC Exec. Group would like to welcome Dr. Liz Hersch, our new member as of this month.

Liz is a partner at St. Chads Surgery, Midsomer Norton, and applied to join the PBC executive group following the recent invitation to practices to put forward nominations. Liz did extremely well in her interview and we were delighted to be able to offer her a place on the exec. We are confident that Liz will be a great asset to our future work and given the broad scope of PBC, we feel we will benefit from having an extra pair of hands to help lead the various projects, and to this end the existing members will continue in their endeavours.

➤ **Practice Based Commissioning National Improvement Team Visit**

This all day event held near Taunton was attended by representatives of PBC groups and PCTs from the South West Strategic Health Authority region. Dr. David Colin-Thome, National Director of Primary Care, DoH and various other national leads met with us. We had the opportunity to attend various presentations to hear how PBC is faring in other areas.

The same problems and frustrations are being experienced by most groups of PBC commissioners: slow procurement of new services, difficulties with information and resistance from acute trusts with proposed service changes. Consortia were also reporting how difficult it is to keep practices engaged with PBC, especially when boards or executives representing practices are doing the majority of the service redesign on practices' behalf. This latter point has not been helped by the confusing messages about the conflicts between commissioning and providing services and weak incentivisation at a national level.

In terms of the future, we were told that PBC is "here to stay" and it seemed pretty clear

that practices are going to be asked to accept more responsibility for the use of the health care resources at their disposal, i.e. prescribing and secondary care budgets. This will be even more crucial given the financial straits we are heading for: we were informed [warned] that the NHS needs to prepare itself for making a 15% saving in its overall spend, and the role of primary care in helping to achieve this in relation to its role of gatekeeper to accessing secondary care, both for elective and non-elective work, was made very clear. Working more closely with community providers and local authorities was seen as one way to tackle these growing pressures, as was doing more to tackle the causes of poor health. There were also some good examples of how some areas were working very effectively to improve the quality of GP referrals. In the next few months we all need to put our heads together in the search for workable local solutions to these inevitable cost pressures.

➤ **Locality Meetings**

The other emphasis of the day was in primary prevention of disease and improving the health and wellbeing of local communities. This relates directly to practice involvement in PBC either individually or through localities. At the present time, a public health QOF is being developed for BANES practices, which will focus practices on helping patient to lead healthier lifestyles. We would also like to develop locality based working, and to this end we shall be arranging a series of meetings in each of the three localities [Bath City; Keynsham and Chew Valley; and Norton-Radstock] over the next couple of months to share ideas about the challenges we all face. We will be sending out details of these visits shortly.