

Practice Based Commissioning Incentive Scheme 2009/10 Targets

This Document sets out the targets associated with the PBC Incentive Scheme for 2009/10. PBC Groups can localise the scheme to best meet the needs of their patients by choosing the targets they see as most appropriate. Section A includes targets that are key strategic aims for North of Tyne. Section A targets equate to a total of 85p per patient and includes target 1 together with a choice, made by each group, of either target 2a or target 2b. Section B targets equate to £1.00 per patient, and groups should choose a number of targets which together add up to a maximum of £1.00. Note that Groups should choose whole targets and not attempt to select a number of specific sub-stages from a range of different targets.

Section A – North of Tyne

1. Referrals into hospital – process assessment & improvement (45p per patient)

This target aims to assess & improve referral management processes, as well as reduce referrals into hospitals possibly via diversion to an alternative method of service provision.

For the top 10 specialities by volume for NoT, select 5 of the top 10. For each Group, and for each of the 5 chosen specialties, the objective is to consider the ways in which potential reductions of referrals into hospital can be made through more effective referral practice and local management of patients, possibly by diverting referrals to an alternative provider (which should be more convenient for the patient, and more cost-effective).

The volume of referrals is relative to the referrals volume across 2008/09 undertaking a three stage process:

Stage One (5p per patient)

Firstly with the aim of assessing and improving the referrals process, consider items such as referral criteria, education, training, audit, peer reviews, etc. A documented description together with an assessment of the planned improved referrals process for each practice and group will result in a payment.

Stage Two (25p per patient)

Implement the planned improved referral process by applying the findings in stage one will result in payment.

Stage Three (15p per patient)

For each of the 5 chosen specialties, and relative to the 2008/09 volume of referrals, a further payment will be made if either

- (a) The volume of referrals into hospital in 2009/10 for individual practices within the Group is within the lowest 50% on average across North of Tyne, or
- (b) A reduction in referrals into hospitals for individual practices within the Group of 5% is achieved.

2a. Reduction of A&E Attendances (40p per patient)

This target aims to improve the understanding and management of A&E attenders.

For individual practices within the Group, reduce the total number of A&E attendances for all patients across the whole of 2009/10 by 5% relative to the 2008/09 volumes of attendance.

Stage One (14p per patient)

Conduct an analysis of attenders to A&E at practice level and produce an action plan at group level describing the ways in which reductions can be achieved.

Stage Two (13p per patient)

Implement jointly the action plan and carry out an assessment as to the impact of the actions implemented.

Stage Three (13p per patient)

If a 5% reduction in the total number of A&E attendances for all patients is achieved, by individual practices within the Group, a further payment will be made.

2b. Reduction of non elective admissions for long term conditions (40p per patient)

This target aims to improve the understanding and management of long term conditions as well as reducing associated non-elective admissions.

Each Group should choose one of the following long term conditions – CHD, COPD, Cancer.

Stage One (10p per patient)

Conduct an analysis of the processes associated with the management of the chosen long term condition and produce an action plan at group level describing the ways in which non elective admissions can be reduced for the chosen long term condition.

Stage Two (15p per patient)

Implement jointly the action plan and carry out an assessment as to the impact of the actions implemented.

Stage Three (up to 15p per patient)

If a % reduction in the non-elective admissions for the chosen long term condition is achieved a further payment will be made. For each 1% reduction a payment of 3p per patient will be made up to a maximum of 5% or 15p.

Section B – Options available for selection from a ‘basket’

1. Sharing best practice (20p per patient)

This target aims to communicate and disseminate good practice across PBC Groups across the whole of North of Tyne.

Stage One (20p per patient)

Participation and attendance at quarterly PBC education events.

At each event present to other PBC Groups an item of best practice, or the result of a previous service review which is considered to have a beneficial outcome.

At least two representatives per group should attend including a Practice Manager and the most appropriate clinical representative. Those attending have the responsibility of cascading the information onto other PBC group representatives and Practice Managers.

Participation and attendance at quarterly PBC education events will result in a payment.

2. Patient experience (20p per patient)

This target aims to gather information on patient experiences within primary care and secondary care settings, and use this information to improve services.

Put in place mechanisms to capture the experiences of patients who have been treated in primary care or referred into secondary care, as they are treated through a care pathway, e.g. Patient Related Outcome Measures.

Stage One (10p per patient)

The implementation of an appropriate group wide process for capturing patient experience together with a summary of the recommendations will attract a payment.

Stage Two (10p per patient)

Implementation of the recommendations from stage one will attract a further payment

~~**3. Patient Safety Initiatives** (20p per patient)~~

~~This target aims to improve awareness of environmental cleanliness and provide a clean and safe environment for patients in line with the Hygiene Code 2009.~~

~~**Stage One** (10p per patient)~~

~~The Practice will be required to self assess against the compliance criteria below, prepare a summary of the findings, and compile an improvement plan in order to attract a payment.~~

Stage Two—(10p per patient)

Implementation of the improvement plan will result in a further payment.

<i>Compliance criteria</i>	<i>What a service provider will need to demonstrate</i>
<i>1</i>	<i>Have in place and operate effective management systems for the prevention and control of HCAI which are informed by risk assessments and analysis of infection incidents.</i>
<i>2</i>	<i>Provide and maintain a clean and appropriate environment which facilitates the prevention and control of HCAI.</i>
<i>3</i>	<i>Provide suitable and sufficient information on HCAI to the patient, the public and other service providers when patients move to the care of another healthcare or social care provider.</i>
<i>4</i>	<i>Ensure that patients presenting with an infection or who acquire an infection during their care are identified promptly and receive appropriate management and treatment to reduce the risk of transmission.</i>
<i>5</i>	<i>Gain the co-operation of staff, contractors and others involved in the provision of healthcare in preventing and controlling infection.</i>
<i>6</i>	<i>Provide or secure adequate isolation facilities.</i>
<i>7</i>	<i>Secure adequate access to laboratory support.</i>
<i>8</i>	<i>Have and adhere to appropriate policies and protocols for the prevention and control of HCAI.</i>
<i>9</i>	<i>Ensure, so far as is reasonably practicable, that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAI.</i>

4. PBC Practice survey (20p per patient)

This target aims to understand the perception of PBC from all participating practices across North of Tyne leading to an improvement in communication, knowledge of PBC plans and initiatives, and consistency of understanding.

Stage One (10p per patient)

The Group should undertake a questionnaire with staff of all constituent practices, analyse the results, discuss these results with all constituent practices, and summarise planned resulting actions. This should be undertaken on a biannual basis, with the specifics of each questionnaire being drafted by the NoT PBC support team, and agreed with the Group.

Stage Two (10p per patient)

The implementation of the two action plans with demonstrable outcomes generated as a result of findings in the two questionnaires undertaken throughout the year will attract a further payment.

5. Patient involvement (40p per patient)

This target aims to improve patient knowledge of and involvement in PBC.

Understand different levels of patient involvement and how to promote it. In addition, ensure there are mechanisms in place for patients relating to:

Information: (5p per patient)

To produce information that patients can read or see – e.g. posters, newsletters, packs, website content.

Influence: (5p per patient)

To allow patients to have influence e.g. suggestion/ ideas box, satisfaction surveys, feedback, complaints.

Participation: (15p per patient)

To allow patients to meaningfully participate in focus groups, forums, patient feedback meetings, influence agenda items, holding regular meetings.

Specialist participation: (15p per patient)

To influence services on a one to one or on a small group basis based upon their experiences in receiving services or care. May be held on a regular basis or be a one off event.