

**AN INTRODUCTION TO PRACTICE BASED COMMISSIONING
FOR `AREA 2 LOCAL AREA COMMITTEE**

INTRODUCTION

Norcomm is a cluster (group) of GP practices with a strong presence in Area 2. Norcomm wishes to develop closer links with the community it serves and to share information about its commissioning plans with the Local Area Committee. This approach has already worked well in West Area, which also has a large number of Norcomm practices. Two NHS Nottingham City¹ staff, Manager Simon Oliver, and Health Promotion Specialist Anna Olek, who work closely with Norcomm, will attend the next Area 2 LAC meeting. Please see 'Discussion Points' at the end of this document for further details of the kind of dialogue Norcomm is seeking.

BACKGROUND INFORMATION

What is practice based commissioning?

Practice based commissioning (PBC) was introduced nationally in 2005. It was designed to give frontline primary care staff (GP Practices) powers to directly commission services for their patients, in the belief that they are best placed to understand their patients' needs. GP practices have been given 'virtual' budgets with which to 'buy' health services, with the primary care trusts (PCTs) continuing to hold the 'real' money and the final approval for its expenditure. Practices are encouraged to develop ideas for services which add value to existing services, take a preventative approach, provide value for money and deliver care closer to patients homes. Only a small proportion of commissioning currently takes place in this way, the vast majority of services are still commissioned by the PCTs.

What is a GP cluster?

A cluster is a group of GP practices which have come together to participate in practice based commissioning. In Nottingham city there are three main clusters: Norcomm, Central and Robin Hood. These clusters do not fit in with geographical boundaries, but represent GP practices who have grouped together through common interests and approaches.

Area 2 GP practices

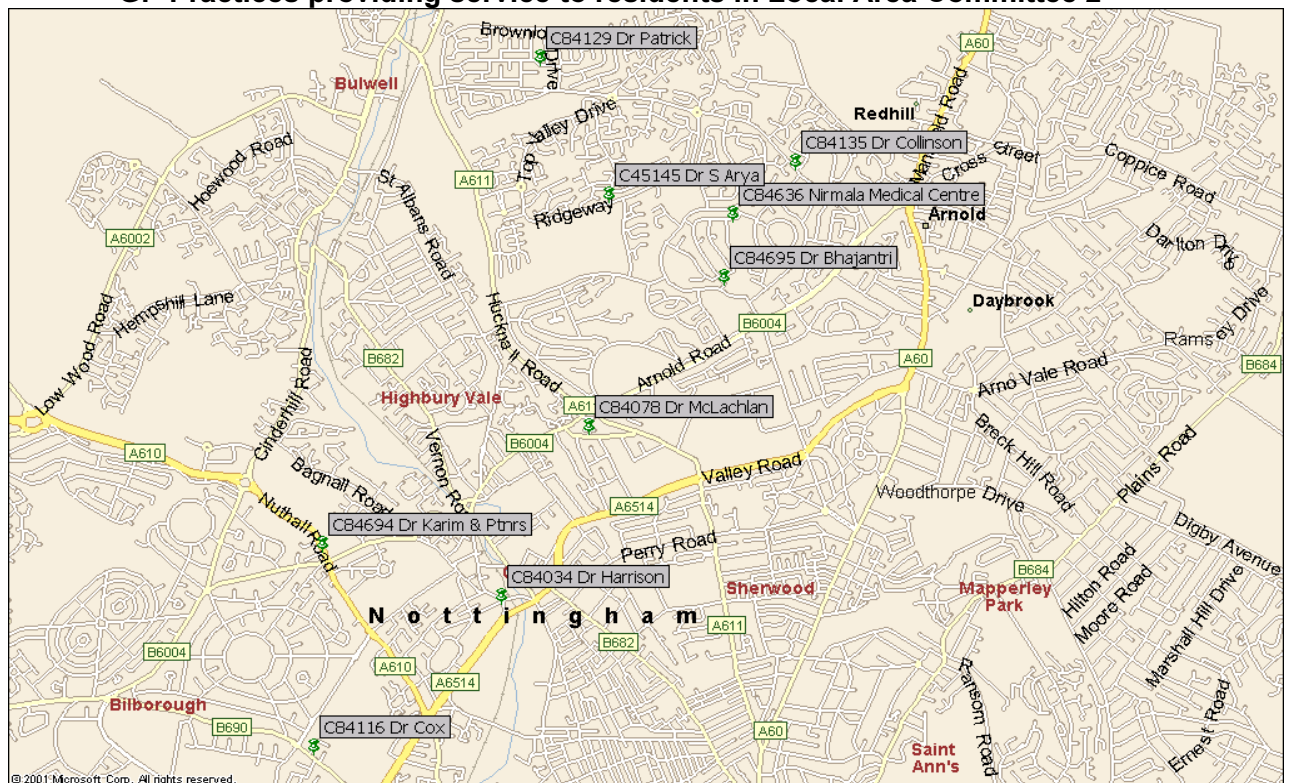
There are nine practices within, or bordering, Area 2. Six of these are in Norcomm cluster. The patients registered with each practice will not necessarily all live in area 2, especially for those practices which are close to the borders with other areas. But the table below shows that, between them, Norcomm practices will account for the largest number of patients in area 2.

GP	PRACTICE NAME	PATIENTS	CLUSTER
Dr Bhajantri	The Surgery, Alice Medical Centre, 1 Carnwood Road, Bestwood	2862	NORCOMM
Dr Collinson	The Surgery, 201 Queen's Bower Road, Bestwood Park	4525	NORCOMM
Dr Cox	Melbourne Park Medical Centre, Melbourne Road, Aspley	8226	NORCOMM
Dr Harrison	Churchfields Medical Practice, Old Basford Health Centre, 1 Bailey Street,	10578	NORCOMM

¹ NHS Nottingham City is the new name for the Primary Care Trust (PCT) that serves the city.

GP	PRACTICE NAME	PATIENTS	CLUSTER
	Old Basford		
Dr McLachlan	Hucknall Road Medical Centre, Kibworth Close	12218	NORCOMM
Dr Patrick	Rise Park Surgery, Off Revelstoke Way	6212	NORCOMM
Dr Arya	St Mary's Medical Centre, Old Farm Road, Top Valley	1368	City Central
Dr Karim	1 Limetree Avenue, Cinderhill	3497	Robin Hood
	Nirmala Medical Centre, 112 Pedmore Valley, Bestwood Park	2177	Chilvers McCrea Healthcare

GP Practices providing service to residents in Local Area Committee 2



What are the roles of the PBC Manager and the PBC Health Promotion Specialist?

The PCT provide a range of support services to help the day to day function of the clusters. The PBC Manager role provides managerial and operational support to the cluster board and its subgroups, liaises with the PCT departments on behalf of the cluster to develop and implement commissioning projects, and prepares the project documentation. The PBC Health Promotion Specialist supports the cluster and the PBC Manager in ensuring that a public health focus is brought to the planning and project development process. This means Providing information on trends in health, encouraging and supporting the cluster to commission services which aim to prevent illness and help people to maintain good health.

Both the Manager and Health Promotion Specialist are directly employed by the PCT

Norcomm Cluster Commissioning Intentions 2009/10

What follows is brief summary of Norcomm's commissioning intentions for 2009/10. Further details are available on request. Medical terms are explained in footnotes.

KEY THEMES

Norcomm's focus in 2009/10 will be improving health and wellbeing for its patient population through directing resources at the **early diagnosis and prevention of the onset of cardiovascular disease (CVD)² and chronic obstructive pulmonary disease (COPD)³**. The cluster will focus its attention on the identified areas of greatest need in terms of geographical hotspots and vulnerable patient groups.

The cluster will continue to improve patient access to **contraceptive and sexual health services** especially for those in the 13 to 19 age range. It will design and commission an innovative sexual health service for teenagers that will utilise mobile phone technology and financial incentives to encourage young people to access sexual health services.

Finally, the cluster wishes to ensure that its practices are **prescribing** in a cost effective and safe manner. The cluster intends to explore the use of a software prescribing tool with the PCT's Medicine Management team.

FURTHER DETAIL

Promoting healthy lifestyles and illness prevention

The Bilborough, Aspley and Bestwood wards are areas of high deprivation, where smoking, lack of physical activity and poor diet are prevalent. (These lifestyle factors all impact negatively on health) These areas have high levels of patients who have been diagnosed with CVD and COPD, and are also likely to have high levels of *undiagnosed* CVD and COPD. These diseases are largely preventable through changes in lifestyle. Norcomm cluster is focusing its activity on prevention, early diagnosis and self management⁴ of CVD and COPD.

CVD – CVD kills one in three people in the UK. It is more common in deprived areas and is the main disease contributing to Nottingham's lower than national life expectancy. It is a major area of focus for the Norcomm cluster.

The activity will have 3 components;

- Ensuring that CVD is screened for and the condition managed for patients with serious mental illness.
- Addressing the issue of patients who do not attend when invited for full CVD risk assessments.
- Training and support for clinicians.

Mental illness – It has been found that more needs to be done to support lifestyle change in patients with serious mental illness. Mentally ill patients are more likely to smoke, be living in poor housing conditions and taking medication that makes them prone to obesity. These are all risk factors for CVD. The cluster will determine the best way to identify and engage these patients. It will explore the options for commissioning specially trained Health Trainers to work with this group of patients.

CVD risk assessments – The cluster will determine local examples of best practice and develop innovative ways of increasing patient uptake of risk assessments. This could

² CVD covers heart disease, stroke and diabetes.

³ COPD is characterized by progressive irreversible airflow obstruction; ie breathing difficulties.

⁴ Self management involves helping patients to manage their health condition themselves, without needing to visit health services as often, this is beneficial to the patient as well as more cost effective.

include, for example, outreach clinics held in libraries, supermarkets, community pharmacies or community centres.

Support for staff - Best practice with respect to management of patients with diagnosed CVD will be supported by an education programme for clinical staff.

COPD – COPD is a disease characterized by progressive irreversible airflow obstruction. It is a disease that the public have little awareness of, but has a high incidence and its symptoms can severely limit patients' lives. The major risk factor for COPD is smoking. The most deprived areas of Nottingham have a COPD rate six times higher than the most affluent. Norcomm wish to improve management of COPD in primary care (ie outside of hospital)

Norcomm also wishes to address the issue of under diagnosis of COPD. The symptoms of COPD are irreversible. Late diagnosis means that patients are already suffering severe symptoms, including breathlessness, which could severely restrict their life and eventually kill them. If patients could be diagnosed at an early stage in the condition, the progression of their symptoms could be halted through simple lifestyle changes such as stopping smoking, or other primary care interventions.

The cluster will commission a programme to diagnose COPD earlier, targeting people with known risk factors or from social groups known to have high rates, including outreach clinics, to reach those people who do not usually visit their GP practice. Patients diagnosed with early stage COPD could then be referred into the lifestyle changes services already commissioned by the PCT, in particular smoking cessation sessions.

This work will be supported by an education programme for clinical staff.

Reducing teenage conceptions

Norcomm will commission a sexual health and contraceptive service, aimed at teenagers, to tackle the high rates of teenage pregnancy in the hotspot areas of Aspley, Bestwood and Bilborough. The key elements of the service will be;

- Access through text messaging.
- Making GP practices young people friendly.
- Encouraging young people to use their general practice.
- Building relationships with local teenage groups as well as individuals using the service.
- Using small financial incentives to encourage teenagers to contact the sexual health nurse.

In order to improve the links between practices and the local teenage community the cluster will identify a link GP for all of the secondary schools in the Norcomm area, to promote the wider health agenda within the school as well as delivering health education sessions to groups of pupils. Links would also be strengthened between school nurses GP practices.

The role of the link GP would not be to advise school nurses on specific cases, but to offer general advice. Key advantages of the initiative would be to present the "human face" of the local practice within schools, remove the element of the fear of the unknown for pupils and to improve practice's understanding of the needs and concerns of teenagers.

Practice prescribing

Practice prescribing accounts for £7.5 million out of Norcomm's total commissioning budget of £69 million (2008/09 budget). The cluster will prepare a business case to procure Scriptswitch software for all Norcomm practices. Scriptswitch prompts GPs at the point of prescribing if there is a cheaper alternative, safety concerns or other advice.

DISCUSSION POINTS

Norcomm's commissioning intentions, as described above, are now set for 09/10. However, Norcomm seeks to develop closer links with the Local Area Committee, and create the opportunity for members and the local community to be consulted on its future plans. We also seek opportunities to work together on current projects where appropriate. The PBC Manager and Health Promotion Specialist are already working with the Health Action Officer on the CVD outreach clinics project, in terms of identifying venues and other practical issues. Norcomm is keen to hear members' feedback.

- What do members think of Norcomm's plans?
- Do Norcomm's priorities fit in with the Area 2 health priorities?
- Are there other priority areas members would like to see addressed?
- What health issues are local community groups concerned about? Are there specific people or groups that Norcomm should be consulting?
- How can we work together to get local people's involvement? Norcomm will want to consult people, to gain feedback on its plans and introduce new ideas. What are the opportunities for this?