PBC Development Framework
Specification

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For Information

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PBC Development Framework: Specification

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### Target audience
PCT CEs, SHA CEs, PCT Chairs, Directors of HR, Directors of Finance, GPs, Communications Leads, Practice-based Commissioners, Directors of Commissioning

### Circulation list

### Description
The purpose of this document is to provide the specification which underpins the original procurement of the PBC Development Framework and which PCTs and PBCs can choose to use locally to procure a PBC development programme. The PBC development programme should enhance PCT and PBC effectiveness in implementing, maintaining and improving PBC.

### Cross-reference
N/A

### Superseded documents
N/A

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N/A

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N/A

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### For recipient’s use
1. Introduction
This document sets out the specification which underpins the original procurement of the PBC Development Framework. The aims, approach and indicative content of the framework will be compelling not compulsory and it is for individual PCTs and their practice-based commissioners to decide how best to address their local needs.

2. Framework aims
The aim of the PBC Development Framework is to provide programmes of support to ‘skill up’ and enhance PBC, focusing on getting existing arrangements for PBC to work even better and enabling it to flourish.

As a consequence, it should help ensure that practice-based commissioners are able to contribute fully to the ambitions set for world class commissioning and that priorities are locally aligned to deliver improved health outcomes for communities.

3. Focus
Development programmes commissioned from the framework will support PCTs and practice-based commissioners to create the right environment and processes to improve the development of PBC structures and support to ensure clinical leadership is central to commissioning and that governance arrangements are appropriate and proportionate.

Programmes will draw on best practice and focus on information provision and data interpretation, management, patient and public engagement, roles and responsibilities, governance and organisational development, incentives and commercial viability.

In particular, it will help to:
- Develop PBC leadership capability to collaborate effectively with patients and the public and other community partners as well as the PCT;
- Improve PBC consortia structures to ensure the organisation is clinically led and the commissioning & provision elements are separated; and
- Develop PCT capability to work effectively and supportively with PBC consortia.

4. Style
Development programmes should be both challenging and developmental. PCTs and practice-based commissioners should be encouraged to assess critically their current approach and identify specific development needs.

5. Approach
The approach used by PBC Framework providers should be strongly founded on proven expertise, learning principles, drawing in existing evidence about effective engagement of clinical leadership, PBC practice and underpinned by appropriate knowledge and evidence base.

Providers should take an innovative and creative approach to delivery and exceed the specification set out here.

6. Indicative content
PBC development programmes will provide training, with two specific outcomes in mind:
- getting the existing arrangements working even better, and
- developing support to ensure that the right environment is established for PBC.

The programme will target development through training and skills enhancement and not by means of more general consultancy support.
7. PBC fundamentals – getting the basics right

Drawing on proven expertise and best practice, the programme will support:

- **The development of leadership** capability to collaborate effectively with PCT and other community partners;
- **The improvement of consortia structures** to ensure organisations are clinically-led and commissioning/provision elements are separated;
- **The development of Patient and Public Engagement approaches** and relationship building with other professionals e.g. pharmacy, nurses & secondary care clinicians;
- **The rollout of learning and tools** from the PBC Information Projects which are due to conclude towards the end of the year;

8. Development Support

The development package will need to be tailored to the specific needs of the PCT and practice-based commissioners. As such, there will not be one generic programme that is applied to all PCTs and practice-based commissioners.

The programme will need to include an element of “pick and mix”, whereby PCTs and practice-based commissioners can choose from a range of freestanding modules intended to enhance and support local solutions. This will ensure that PCTs and practice-based commissioners can create a bespoke development programme that is tailored to their specific needs.

9. Outcomes required

The programme should enhance PCT and PBC effectiveness in implementing, maintaining and improving momentum and drive for PBC. As a consequence it should support PCTs and PBCs to innovate and redesign care pathways which will improve health outcomes, reduce inequalities and meet the aspirations of patients and the public.

Providers should themselves be learning organisations and must demonstrate continuous improvement in the delivery of the programme.

10. Time commitment

The programme should involve an on-going process of development (which may involve intensive activity over the course of 9 - 12 months and continue beyond a year) rather than a one-off intervention.

Providers should bear in mind that although PBC development is likely to be a priority for many PCTs and practice-based commissioners, they are likely to have limited time to engage in developmental activities.

1. Information

**Information and Data interpretation:**

*Understanding the importance of and methodology for the provision of accurate, timely and comparative monthly data at practice level.*

The programme should include:

- The importance of disseminating the learning from and best practice developed by, the PBC Information Pilot projects which are due to conclude towards the end of the year;
- Understanding the requirements for PCTs to develop their own processes (in parallel to SUS) to provide information covering secondary and primary care data to their practices, with practices able to pre-programme reports for their own priorities.
- The importance of performance and information management for appropriate decision-making.
2. Management

Visible supportive PCT leadership: Strong PCT leadership skills, committed in both action as well as words and effective communication of this commitment.

The programme should include:

- Specific modules to encourage and strengthen PCT leadership, committed to the principles and belief that making a success of PBC is the means to engage those who are the main drivers for improving health and utilisation of resources in their area, and the means to move services closer to patients and be more locally sensitive to patient needs.

- Specific modules to define communication mechanisms between PCTs and PBCs so that GPs are encouraged that the PCT actions and approach are to support and make a success of PBC and provide a good foundation for successful partnership working to flourish.

- How to establish strategies for clear communication to enable PCTs to engage with consortia to receive regular feedback.

This programme should be strongly linked to the providing incentives module below.

Management Support and governance arrangements: The importance of effective management support to enable successful PBC development.

The programme should include:

- Identifying the components to ensure that processes are in place for identifying PBC leads and the active allocation of personnel days of activity to consortia by the PCT.

- A specific module to enhance PCT awareness of the need to address and focus on the level of management resources provided by the PCT, ensuring that this is sufficient for practice-based commissioners to develop the capacity of their organisations to properly engage with other frontline health and care professionals.

- Issues around corporate governance structures.

- How to ensure there is a clear understanding about the required and appropriate governance necessary to ensure the management of conflicts of interest and setting of clear accountabilities.

Management Costs: Management allowance to fund time and management structures within PBC consortia.

The programme should include:

- How management structures can be established to ensure the appropriate support is identified and made available for consortia management personnel and lead GP(s) backfill.

- How management processes can be established for agreeing and establishing resources to be made available to the consortia (employing people to assist and locums to cover the clinical work).

3. Patient and Public Engagement

How to develop patient and public engagement approaches to ensure that local people and communities needs and preferences are integral to strategic direction and service delivery, with a particular emphasis on identifying and learning from best practice within and between health and social care organisations, across other sectors in the UK and internationally.

The programme should include:

- Components to enhance knowledge and skills to develop, implement and evaluate comprehensive and sustainable Patient and Public Engagement (PPE) strategies – ensuring this is at a PBC level either operating individually or as part of a group – so that both the design and delivery of local services are more transparent, understandable and accountable to patients and local communities.
The intended outcomes would be:

- Staff (clinical and non-clinical) approach PPE strategically and creatively in how they engage with patients and the local community to assist and influence the commissioning of unprecedented levels of personalised care – i.e. PPE is a mainstream part of everyone’s roles which is strengthened by organisational structures;
- A systematic approach to interpret and integrate patient experience insight into decision-making alongside ‘routine’ data, in order to bring about a profound understanding of need – this will need to ensure that PBC groups are using social care PPE feedback effectively as well as how to draw insight from the ‘everyday conversations’ that staff have with their patients to inform commissioning models;
- Enhanced staff knowledge of what engagement techniques and approaches work best for their particular populations through strategic approaches and systems – i.e. practical tips, effective techniques/methodologies and good practice for engagement at PBC level, with a particular emphasis on how to engage with different groups, such as young people, in the most effective way;
- Strategic alignment on engagement at all levels – GP practice, PBC (individual/group) and PCT – so the PPE focus and activity is complementary and not just focused on individual service redesign, but inclusive in planning, commissioning intention development and strategy development;
- Building capacity of organisations to create a greater understanding and shared learning about PPE strategic approaches and systems – including skills development in a range of areas including business case/LES development, social marketing, strategic partnership working and a clear understanding of requirements (including statutory requirements) affecting the NHS regarding PPE.

4. Roles and Responsibilities

PCT, PBC and PBC consortia Roles and Responsibilities.

How to develop (define, agree and implement) roles and responsibilities, new ways of working and partnership arrangements.

The programme should include:

- An overview of key parameters – e.g. enactment of the operating framework, strategic alignment, individual responsibilities, joint responsibilities, communication mechanisms, handling of savings and deficits and process for development and approval of business cases.
- How local arrangements can be put in place to ensure that PBC leads outside the PCT are integrated and constitute part of the Commissioning Committee of the PCT (the key decision making body for commissioning outside the Board of the PCT).
- Understanding the importance of equalities impact assessment and how impact assessment tools can be developed and embedding this in business case development, service design and service review processes.
- Understanding the importance of collecting disaggregated data on service users (e.g. ethnicity, disability and gender) in order to identify potential inequalities in access to services and health outcomes.
- Understanding the issues around the definition of the responsibilities of a consortia to a member practice, and vice versa.
- How PCTs and PBCs can establish effective local resolution processes.
5. Organisational Development

Consortia structures

Learning how we improve consortium structures to ensure organisations are clinically-led and commissioning/provision elements are separated.

The programme should include:

● How to ensure there is a clear understanding about the level of separation in relation to the commissioning and provision responsibilities of the consortia and any partner organisations and individual practices.

● How to use opportunities to develop market awareness, learning from and using case studies on Limited Liability Partnerships, Social Enterprise Partners and use of Any Willing Provider tender processes for PBC service re-design.

6. Incentives

Providing incentives for a broader range of clinicians to engage in PBC

Learning how to broaden the focus of local incentive schemes to encourage practices to participate in PBC, and rewarding greater collaboration with other community clinicians and specialists in developing more integrated care for their patients.

The programme should include:

● The importance of relationship building with other professionals e.g. pharmacy, nurses and a specific emphasis on how PBC might engage secondary care clinicians and colleagues in social care.

7. Commercial viability training

Understanding how services can be scoped in ways that are viable and sustainable from a commercial viewpoint and joining this up with clinical requirements.

The programme should include:

● Defining service specifications that reflect clinical requirements and lead to strong contracts

● Creating business cases based on sound option appraisal methodology and decision criteria

● An understanding of business processes and success criteria