

ESyDoc
Limited Liability Partnership

PRACTICE BASED COMMISSIONING PLAN

2009 – 2011

(COMMISSIONING FOR CHANGE)

**ESyDoc Practice Based Commissioning Board
(A Limited Liability Partnership)**

July 2009

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EXECUTIVE SUMMARY

1. This commissioning plan covers the period up to March 2011. The choice of period reflects both the uncertainties of a general election in terms of national policy and likely available resources together with the ongoing challenges of the current economic climate. The plan reflects on national policy and strategic direction with particular reference to the role of clinicians and practice based commissioning in those processes and the need for Surrey PCT to make progress with PBC clusters in securing real devolved commissioning, resource and service redesign responsibilities. Of particular relevance in East Surrey is the need to secure a deal on weighted capitation and released resources for reinvestment in line with national PBC guidance.
2. The plan sets out an ambitious programme of service redesign and review building on local intelligence and clinically determine priorities from previous work programmes. ESyDoc also acknowledges the need to engage with and support the PCT on delivery of its strategic commissioning plan and operating framework in a number of key clinical areas.
3. The centrepiece of the agenda is the invest to save programme which sets out a wide reaching service and system transformation process for moving a range of outpatient, urgent care and inpatient services away from acute hospital settings into community and primary care alternatives. This is designed to deliver up to £1.76 million of savings on an annual basis (after investment in alternative services) and will be achieved through using existing providers in different ways and through more cost-effective and sustainable agreements. The new system will operate in a way which allows ESyDoc and the PCT to track the benefits of improved productivity, service and care quality and more effective use of resources. Central to achieving these aims will be the availability and application of accurate data to inform commissioning decisions, an effective patient and public involvement engagement process and a new practice commissioning framework which allows GP's to use the new arrangements to best effect and to be accountable for doing so. The extent to which invest to save his successful is directly related to our future ability to redirect resources released for reinvestment in new and more appropriate services within East Surrey.
4. Two other key developments will be the emergence of EsyHealth as the new local GP provider organisation and the evolution of ESyLearn as a stand-alone body to support professional development, service quality and movement towards world class commissioning competencies.
5. Ultimately, within the next two years, ESyDoc intends to bring all these components together within a formal application to become an Integrated Care Organisation (ICO) including local community health services.
6. In order to achieve all of the above and to engage with the PCT in effective locality commissioning, ESyDoc will need to review its organisational arrangements to ensure that it is fit for purpose going forward and that there is sufficient clinical capacity, expertise and commitment to help drive these changes through for the benefit of local people within the East Surrey.

PRACTICE BASED COMMISSIONING PLAN 2009 – 2011

(COMMISSIONING FOR CHANGE)

1. Introduction

This document sets out the Commissioning Plan for ESyDoc. The plan covers the period 2009 to 2011. The choice of timescale is deliberate, reflecting both the potential change in health policy arising from a General Election in 2010 and the progressive reduction in real terms resource allocation stemming from existing government plans and the impact of the current economic downturn. There is the additional local factor of the financial position of Surrey Primary Care Trust (PCT) which has to make significant recurring savings and is currently in turnaround mode.

2. Background

ESyDoc was formed in 2007 and is a Limited Liability Partnership. It covers the 20 general practices located in the 'old East Surrey PCT' within the local authority areas of Redhill and Reigate and Tandridge, with a registered population of 164,000 people.

This Plan both updates and refreshes the existing ESyDoc Commissioning Plan and seeks to reflect the complementary objectives of Surrey PCT as expressed in their Strategic Commissioning Plan and Operating Plan 2009 - 2010.

3. National Policy

There are two key drivers in the development of commissioning, service redesign and system transformation that are integral to the ESyDoc commissioning plan. These are:-

NHS Next Stage Review (Darzi Report)

The focus of the ESyDoc proposals over the next two years will be to develop practice based commissioning in line with national policy working in collaboration with Surrey PCT and to deliver clinical commissioning as envisaged by the High Quality Care For All: NHS Next Stage Review Final Report (2008) by Lord Darzi. The NHS Next Stage Review concluded that practice based commissioning (PBC) has a pivotal role to play in empowering clinicians to shape the health and healthcare of local populations. PBC recognises the central role of primary care clinicians in using NHS resources to deliver high quality care for all. PBC should give local clinicians much greater power and influence, working in partnership with PCTs, to shape how these resources are invested so that they deliver better health, better care and better value for local practice populations and for taxpayers. National policy gives particular emphasis to the need to secure clinical empowerment in financially challenged times.

Under PBC, local clinicians are expected to:

- Develop a greater range of more integrated services in community settings designed around the needs of individuals.

- Secure greater investment in upstream interventions that keep people healthy for longer, prevent ill-health and reduce health inequalities.
- Drive continuous quality improvement and innovation across the whole system, securing better value for money in the process.

World Class Commissioning

Improving commissioning is at the heart of delivering the NHS's health agenda for the future. Surrey PCT, working with practice based commissioning groups as their key strategic partners, have a unique opportunity to develop world class commissioning investing NHS funds to secure the maximum improvement in health and well-being outcomes.

A vision for world class commissioning was jointly developed by the Department of Health (DH) and the wider health and care community. There are four key elements to the programme; a vision for world class commissioning, a set of world class commissioning competencies, an assurance system and a support and development framework. The Department has also set out its expectations around how clinicians will be engaged and encouraged to lead the commissioning process through its policy document on clinical commissioning published in March 2009.

Commissioning competencies and assurance

To become world class commissioners, the PCT supported by its strategic partners needs to develop the knowledge, skills, behaviour and characteristics of a world class organisation. It will do this by implementing the nationally agreed set of core organisational competencies. In summary, world class commissioners will:

- locally lead the NHS
- work with community partners
- engage with public and patients
- collaborate with clinicians
- manage knowledge and assess needs
- prioritise investment
- stimulate the market
- promote improvement and innovation
- secure procurement skills
- manage the local health system
- make sound financial investments.

The PCT has been through the process of an externally validated commissioning assurance review. The assurance system measures performance in three key areas: health outcomes, competencies, and governance. It also includes an assessment of the PCT's potential for improvement. These have been reviewed through a combination of self assessment, self certification, data and evidence review, feedback from partners and interviews at a panel day.

ESyDoc is clear that it wishes to work with the PCT to achieve these goals which have been given renewed emphasis through the PCT paper on Market Management which envisages Surrey PCT and its partners achieving Level 3 status by mid-2010. The outcome of the assurance process with its recommendations for action is set out in the local strategic context below.

4. Local Strategic Context

There are a number of key developments that influence and inform the ESyDoc proposals for the next two years, the most significant of which are:-

Surrey PCT Strategic Commissioning Plan (SCP)

This plan was published in October 2008 and covers the period up to 2013. It is a comprehensive statement of Surrey PCT's vision and aspirations for its resident population and includes a wide range of public health, service improvement, organisational and financial intentions. A copy of the document can be found on the PCT website¹.

The strategic goals of the PCT are:

- Goal 1** Improve the health and quality of life for all our population reducing the gap in health inequalities.
- Goal 2** Improve the development and long term health of children and young people.
- Goal 3** Help and support the people manage their ongoing conditions and develop services that improve their quality of life.
- Goal 4** Improve the results of treatment and patients' experience of local health services by commissioning the best services.
- Goal 5** Provide the best care at the best place and time to meet people's health needs.

These goals are endorsed by ESyDoc and will be reflected in our commissioning intentions set out in Section 6 below.

The SCP also sets out the local priorities which support the 'Vital Signs' national requirements. These are reflected in the service redesign programme.

PCT Operating Plan 2009-10

The PCT Operating Plan reflects the national operating framework for the NHS in England with four main objectives:

1. Delivery of the health and service priorities for 2009. These are:
 - Improving cleanliness and reducing hospital and community acquired infections.
 - Improving access through achievement of the 18 week referral to treatment target together with expanded availability including evenings and weekends to GP services.
 - Keeping adults and children well, improving their health and reducing health inequalities.

¹ Surreypct.nhs.uk

- Improving patient experience, staff satisfaction and engagement.
 - Preparing to respond in a state of emergency such as an outbreak of pandemic influenza.
2. A system designed to deliver quality as the organising principle of the NHS as set out in the national framework High Quality Care for All.
 3. A financial regime that supports quality and innovative improvement in services within available resources and going further to ensure best use of taxpayers money.
 4. Improving business processes by ensuring that planning is based on locally led decision making and maintaining the emphasis on genuine partnership.

PCT financial position and Turnaround Plan

Surrey PCT has reported the outturn position for the 2008-09 financial year to be a surplus of £225,000 (PCT May 2009 Trust Board Finance Report). For 2009-10 the PCT is currently finalising a balanced financial plan designed to achieve savings this year of around £50 million and then up to £80 million recurrently from 2010-11 onwards. This is part of the PCT wider turnaround programme which is intended to identify and implement efficiencies across the system to deliver the balanced financial outturn on a sustained basis. ESyDoc is fully involved in this process and will present its own plans for service transformation and recurring savings within East Surrey as part of an invest to save business case.

World Class Commissioning – Outcome of External Assurance Process

The results of the external panel review were reported to the PCT Board in March 2009 and made four main recommendations that Surrey PCT needed to address, all of which have a direct bearing on the successful development and application of practice based commissioning in the East Surrey area.

- | | |
|-------------------------|---|
| Recommendation 1 | The PCT should push forward in the areas of innovation in which it has been engaged in the last 12 months. |
| Recommendation 2 | The PCT should review its financial investment strategy to align more effectively with its ambitious strategic plan. In order to escalate delivery, the PCT should urgently consider greater delegation of authority, ensuring there are appropriate governance structures in place to take the organisation forward and that there is sufficient transfer of both risk and reward to PBCs. |
| Recommendation 3 | The PCT should simplify its strategic vision and work programme to concentrate on the priority issues for change e.g. service quality. |
| Recommendation 4 | The principles and application of robust performance management in secondary acute services should be used to strengthen its approach to primary care. |

PBC Development and Locality Commissioning

Surrey PCT is assumed to have accepted these recommendations in full and that they form a significant part of the organisational development programme across the PCT. This includes the implementation of a new locality commissioning structure with the devolved responsibility for budgets, system reform and service redesign. ESyDoc wishes therefore to continue to work with Surrey PCT and the other clusters in new South East Locality on implementation, through the PBC Development Framework, to secure high quality care through investment and service redesign plans which meet the needs of the local practice population. In doing so ESyDoc expects the PCT to demonstrate real devolved responsibility to clinicians to achieve these outcomes. The Department of Health (DH) also expects successful PBCs to inform, influence and complement the strategic direction of PCTs and be an integral part of world class commissioning.

This vision requires strong partnerships between ESyDoc and Surrey PCT based on a new shared culture of innovation and health improvement underpinned by new entitlements and managed freedoms particularly around devolved and freed up resources. They sit alongside the implementation of a pace of change programme to secure the appropriate level of resources for the East Surrey population as measured by weighted capitation.

5. Provider Landscape

Healthcare services in the East Surrey area are largely delivered by a range of NHS organisations and independent primary care contractors. In addition to the 20 general practices, NHS primary care services can be obtained from general dental practices, community pharmacists and optometrists.

General acute hospital services are primarily provided by:

- Surrey and Sussex Healthcare NHS Trust (SASH)
- Queen Victoria Hospital NHS Foundation Trust (QVH)
- Mayday NHS Trust (Mayday)
- Epsom and St Helier NHS Trust (ESH).

The majority of community health services are provided by Surrey Community Health, the PCT provider arm. Some community provision is also sourced from West Sussex particularly in relation to inpatient stroke services and urgent treatment centre care.

6. ESyDoc Commissioning Intentions

The High Quality Care For All: NHS Next Stage Review Final Report by Lord Darzi places emphasis on re-invigorating practice based commissioning and giving greater freedoms and support to high performing practices to develop new services for their patients working with other primary and community clinicians.

ESyDoc wishes to achieve these aims through regenerating primary care clinical involvement in service redesign, stimulating patient choice and achieving better informed communities, the consistent implementation of care integration based on local needs and sensitivities. We will therefore:

- Seek to facilitate work in teams across different care settings and organisational boundaries (including social care) and along integrated pathways.
- Place a strong focus on prevention, chronic disease management and case management.
- Pursue contract and service redesign solutions that deliver more care outside hospitals and closer to patients' homes.
- Seek real devolved budget contracting and performance management responsibility from the PCT in order to deliver these ambitions.
- Secure and then manage strong incentives for all clinicians to deliver patient care more cost effectively on a sustained basis.
- Obtain enhanced management and decision making support for these processes.

The key outcomes that ESyDoc expect to see by the end of 2011 include:

- A wider responsibility for commissioning, a greater range of integrated services with the resources being released and freed up for reinvestment in line with the national requirements of practice based commissioning and world-class commissioning.
- General practices and other service providers that are enabled to grow their core business through a more diverse healthcare market locally. This includes the development of ESyHealth, as the local team GP provider organisation and greater integration of community health services with GP services.
- The emergence of explicit rewards for commissioning and provision of higher quality care as measured by patient satisfaction and experience, cost effectiveness and clinical outcomes.
- Measurable progress towards the East Surrey weighted capitation target through implementation of the PCT pace of change programme for financial allocations.

7. Contracting, Performance Management and Procurement

Since October 2006, responsibility for contracting, performance management and procurement has largely been the responsibility of Surrey PCT with little scope for practice based commissioning to play an effective part in shaping and directing how these functions are carried out. ESyDoc now wishes to assume greater responsibility for local application of these activities, working in partnership with the PCT. This coincides with the publication of the new guidance on clinical commissioning as part world class commissioning and the decision of Surrey PCT to implement a new devolved model of locality based commissioning. The new structure (East Surrey will be part of the South East Locality) will facilitate better local decision-making, resource direction and allocation together with greater clinical influence over priority setting.

Contracting

ESyDoc wishes to have more involvement in the setting of service level agreements with all its local providers. It is recognised that the commissioning round for 2009-10 is now largely concluded and so it will hold discussions with PCT commissioners about the process and timescale for preparation for the 2010-11 contracting cycle. In the meantime ESyDoc wants to participate more directly in the performance management of the four acute services providers who relate to the East Surrey area with management reporting on activity, finance, service change and other key factors such as quality and patient experience being made to the Board by PCT commissioners and PBC clinical leads on a regular basis. ESyDoc would also wish to see a similar process developed for specialist mental health services and ambulance services during 2009-10.

A further specific aim will be, in addition to in-year performance management, to assume total devolved responsibility for shaping, negotiating and implementing the community services contract with Surrey Community Health Services from 2010 onwards together with the new providers brought in to deliver services as part of the system reform and transformation programme (see section 8 below).

ESyDoc wants to work in partnership with the PCT in the setting of enhanced services contracts under General Medical Services (GMS) for the local area as these are a key part of the out of hospital care system and contribute towards managing demand for acute services.

Performance management

ESyDoc expects to have a far more intensive and direct role in the performance management of its local providers from 2009-10 onwards. This will involve the ESyDoc board in reviewing its business processes to align clinical commissioning capacity with performance management requirements of the PCT with the intention of identifying specific clinical leads to work with the provider. In turn, the PCT will need to make available greater commissioning, financial and business intelligence support than is currently available in order to deliver an effective system. ESyDoc seeks real devolved budget, contracting and performance management responsibility from the PCT in order to deliver these ambitions. It is also important to secure and then manage strong incentives for all clinicians to deliver patient care more cost effectively on a sustained basis. More detail on this is given in the section below on Financial Regime, Incentives and Entitlements.

Procurement

Over the next two years, ESyDoc expects to procure services from a wider range of providers who will be encouraged to take up the delivery of those services that have been subject to redesign and system transformation in line with commissioning objectives. There are three principal routes through which this will be achieved:

- New contracts with providers who have successfully been through the Surrey PCT accreditation and evaluation process (Any Willing Provider or equivalent).
- Revised contracts with existing providers who have agreed to reshape and realign their services in line with ESyDoc commissioning objectives.

- The emergence of new providers outside of AWP who meet commissioning and procurement criteria and who are able to stimulate competition in the market.

Each of the above will have the following common characteristics:

- Ability to develop and implement innovative solutions which manage demand and reduce expenditure in a cost effective and sustainable way.
- Demonstrable quality improvement underpinned by evidence of patient satisfaction and experience.
- Flexible responsiveness to changing patterns of need, referral and volume as the local healthcare market matures over time.
- Ability to meet the information needs of both referring clinicians and ESyDoc and the PCT as the local commissioning organisations.

8. System Reform and Transformation

The biggest challenge facing the healthcare economy across Surrey is restraining costs in acute services and reducing the major year on year increases in funding. These lead not only to financial overspend for the PCT and practice based commissioning groups but severely limit the scope for investment in primary care and community health services.

In the East Surrey area this is particularly true of Surrey and Sussex Healthcare NHS Trust (SASH) which has been a financially challenged organisation for many years and has been the recipient of significant additional investment by the PCTs in Surrey and West Sussex and their predecessors, often for no tangible benefit in terms of additional activity or services. Whilst SASH seems to have taken steps to address its historical operational and structural debt problems, the underlying issues of over performance still remain in a number of key areas.

The 2008/9 outturn position for SASH is that, from Surrey, the Trust had a revenue allocation of £64,273,559 but the actual cost to Surrey PCT was £73,260,819. This includes £ 7.545 million made available to the Trust by the PCT to help SASH manage its in-year financial position. Together with the contract overspend, this represents an over commitment of just under £9 million. SASH is currently in dispute with both Surrey and West Sussex PCT's over the volume and value of its 2009/10 order book. The size of the gap is around £9 million and as a consequence, the Trust is now in formal recovery mode. Any further moves by to provide additional financial support this year would be a significant opportunity cost not only to the PCT but also to the local health economy in East Surrey in terms of investment in more appropriate alternative services including general practice. This cannot and must not be allowed to continue.

The position is further exacerbated by the fact that, although Surrey PCT overall is above its weighted capitation target (adding to the financial challenges summarised on section 15 on Finance below) local analysis of allocated budgets for East Surrey practices for acute and general services suggests that these are on average around 10.5% below capitation. Practice based budgets for these services vary from 8.1% above to 26% below the PCT average. In terms of

expenditure, in 2007-08 this was 13% below the PCT average for the ESyDoc area with a range of 0.2% above to 25.9% below the PCT average.

The case for change is strengthened by the conclusions of a recent survey undertaken on behalf of ESyDoc by Glaxo SmithKline (GSK). GSK undertook a comprehensive review of the Hospital Episode Statistics (HES) data for the East Surrey cluster covering the financial year 2007/8. Whilst the accuracy of the data has to be treated with the customary and necessary caution, some of the most striking conclusions drawn by GSK from the study reveal that:

- Nationally, 61% of new outpatient requests are made by GPs (Source Information Centre for Health and Social Care 2007). However, the East Surrey study suggests that referrals from GPs are only 53 % with the balance coming from other sources. The largest proportion of the balance is shown to be by consultants other than in an A and E Department.
- When looked at as a proportion of spend by source of referral, GPs only account for 39% with 61% being generated by other sources.
- Between the 2006/7 and 2007/8 non-elective inpatient activity rose in volume by 16 % and in cost by 6%. New outpatient referrals rose by 33 % in activity and 22% in cost. Follow-up outpatient activity rose by 21% in volume and 4% in cost.
- There were 4509 excess bed days used at a total cost of £971,174. Of these the SASH share was 3171 bed days at a total cost of £680,042.
- There were 2081 admissions with a length of stay less than 24 hours. These had a total cost of £1,593,913. Of these, the SASH share was 1682 bed days at a cost of £1,070,689.
- Notwithstanding the above, the cost per head for the East Surrey PBC cluster is below that of the PCT number in every category except non-elective inpatient and would appear to be the same figure (£64) as the average in the rest of the PCT.

The study concludes that, for the activity measured, Surrey and Sussex Healthcare NHS Trust (SASH) represents 60 % of total acute services activity and 74 % of expenditure.

The stark messages contained in these financial and service performance factors demonstrates that radical reform and restructuring of the healthcare system in East Surrey is necessary if the objectives of the NHS Next Stage Review and world class commissioning are to be met. ESyDoc has decided to focus its attention on SASH and the changes proposed break down into two distinct areas under the overall umbrella of system transformation.

System reform

The goal here is to establish sustainable service alternatives in three areas:-

- Out-patient services
- Unscheduled care
- Excess bed days and admission avoidance.

1. Out-patient services

Out-patient services for East Surrey residents are principally delivered from three locations, East Surrey Hospital, Caterham Dene Hospital and Oxted Health Centre. All these services with one or two minor exceptions are provided by SASH. In addition, there are some primary care based activities around GPs with a special interest together with extended scope therapists and nurses. These are funded directly by the PCT and cover the clinical specialties of cardiology, dermatology and musculoskeletal services (the latter is provided by Surrey Community Health services and is a therapy led service). More recently, the PCT has stimulated the provision of consultant led gynaecology services provided by the Surrey and Sussex Acute Chambers partnership. This is a pilot arrangement operating in Greystone House and Townhill practices and due to be extended to the Oxted medical practice in May 2009.

The key problems with current arrangements particularly as they apply to SASH are:

- Too many follow up appointments following first attendance.
- Duplication of diagnostic and investigative tests.
- Insertion of additional activities without reference to the original referring GP.
- Multiple coding of out-patient activity.
- Poor communication relating to discharge information often received late.

A number of these factors reflect the perverse incentives present in Payment by Results methodology which allow acute trusts to set the agenda on both prices and charging. It is also unclear as to what benefits are being derived in terms of activity and performance from the primary care based services since activity and cost are not reported to ESyDoc.

The need for change is clear and is given extra impetus by the PCT requirement to deliver an effective Turnaround Plan during 2009-10. What ESyDoc therefore has done is to identify a range of alternative providers to SASH who can deliver out-patient services at below tariff and MFF prices and which exhibit 'leaner' clinical behaviours such that patients are either assessed, treated and discharged for the most part in one episode or, if clinically indicated, are referred straight for in-patient admission under Choose and Book.

2. Unscheduled care

There are four principle elements of service provision here. The first is the Accident and Emergency Department (A & E) at East Surrey Hospital run by SASH. The next is the Urgent Treatment Centre (UTC) at the 'front door' of A & E together with rapid response community services run by Surrey Community Health services. The community provider has also recently introduced a rapid assessment clinic predominantly for medical referrals at Caterham Dene hospital. The final element in the local system is the GP out of hours service provided by Thamesdoc, a co-operative based in South West London who also provide the medical staff for the Urgent Treatment Centre.

The significant issues here are the year on year increases in accident and emergency attendances. Sources at SASH suggest that these have increased by 23% in the last 12 months. Although the conversion rate to full in-patient admission has remained largely stable, there has been further growth in short stay medical and surgical admissions. A parallel problem lies in the way in which the ambulance service presents patients at East Surrey. Those categorised as Type 3 should be taken direct to the Urgent Treatment Centre but this rarely occurs, due to infrastructure limitations for trolleys in the UTC. This will be addressed.

The Rapid Assessment Clinic in Caterham opened in January 2009. Part of the limitation on volume relates to the consultant being part time and the other being the need for the GPs to refer a higher level of cases to the unit as an alternative to the UTC / A & E. Community services have advertised the unit widely to general practice and ESyDoc has a role in facilitating appropriate referrals by all practices to this important new initiative. Geography should not be a problem as provision of transport is an integral part of the service model. However, ESyDoc wishes the unit to accept direct walk-in cases as well as formal referrals in order to maximise the opportunity of managing this activity within primary care and will pursue this with Community Services.

3. Excess bed days and admission avoidance

ESyDoc wishes to commission new services which both reduce the number of excess bed days used for both elective and elective care and, where clinically indicated, divert patients from full in-patient admission into SASH. The principal service solutions are considered to be:

- Triage and diversion of all minor and some standard category patients from A & E into the UTC whether arrived by ambulance or self-presenting.
- Provision of additional medical services over extended hours in the UTC.
- Development of additional community based services designed to facilitate admission diversion and / or timely discharge.
- Examining further opportunities for up-stream intervention and management of chronic and long term conditions in primary and community settings in line with the Surrey PCT strategic commissioning plan objectives. This will involve working with other partners for example the pharmaceutical industry.

ESyDoc has commissioned About Health Group, an external consultancy, who have taken the work forward on an Invest to Save business case which has been developed simultaneously with this Commissioning Plan for submission and discussion with the PCT. This demonstrates that a potential initial recurrent saving of around £1.76 million is available to ESyDoc and the PCT (even after investment in alternative services.)

Service redesign

ESyDoc has undertaken a review of its existing service redesign programmes and workstreams. It has decided to retain and continue following activities:-

- Urology-development of local scheme
- Further development of Acute Chambers services (see also invest to save)
- Quality Review of Community Services
- Choose and Book-further incentivisation of GPs
- Occupational Health Services
- Development of Rapid Access Clinic at Caterham (see invest to save)
- Antenatal screening-Downs Syndrome

In the wider context, the PCT has already established six delivery programmes designed to implement their strategic goals. These are:-

Children and families
 Long term conditions
 Mental health and learning disability
 Cancer
 Unplanned care
 Planned care.

These are set out in detail in the strategic commissioning plan. ESyDoc will work in partnership with the Directorates of Strategy and Service Delivery and Public Health to secure implementation of these programmes in the East Surrey area. Within these programmes, ESyDoc wishes to pursue local review and redesign of services in the following areas:-

1. Children and families

Child and adolescent mental health services. This will focus on waiting times, primary care interface and pathways into specialist services.

2. Long term conditions

Dementia services and the development of primary care based support and management of dementia together with access to specialist services in line with the objectives of the National Dementia strategy.

Diabetes services. Although this is a pre-existing work stream for the PCT, ESyDoc wishes to accelerate the implementation of Level 3 and some aspects of Level 4 care within primary care across East Surrey linking to the high level benefits for the diabetes programme.

Neurology services. ESyDoc wants to formally review the totality of the neurology services available to its registered population. There are concerns amongst GPs as to its adequacy, scope and responsiveness particularly with the decision in West Sussex to change the service provider from SASH to Brighton University Hospitals Trust. The review will be undertaken jointly with the Strategy and Service Delivery Directorate using the structure and objectives of the National Service Framework for long term neurological conditions (2005).

Chronic Obstructive Pulmonary Disease (COPD). Following a formal selection process, ESyDoc has chosen Astrazeneca as its preferred partner in undertaking a review of COPD services across primary and secondary care with a view to developing proposals for service improvements, redesign and more effective use of resources. The programme has already been

initiated and a project team has been established with identified local clinical leads and project plan with clearly identified outputs and outcomes of all.

3. Mental health

Primary care mental health services with a view to ensuring that these work to a common and consistent service specification with any new or revised models of care being made available to all general practices in the East Surrey area. This will link to existing work on Improving Access to Psychological Therapies (IAPT) with a particular focus on managing people in as far as is possible in primary care for people with common mental health problems such as anxiety and depression. The intention of the new primary care mental health model will be to achieve improvements in health and well-being and to maintain people in employment and community participation. A further important objective will be to achieve better access and integration with specialist mental health services primarily via mental health teams.

4. Planned care

The PCT has already commissioned one new GP led health centre as part of the national drive to secure better access to primary care. ESyDoc wish to examine whether or not the principles of this model could be applied within the Urgent Treatment Centre at East Surrey hospital. The aim is to co-locate extended hours GP services with the current UTC model to facilitate more patients being seen as an alternative to routine consultations in general practice and use of A & E. This proposal is outlined in the Invest to Save business case.

a) Developing the role of Community Pharmacists.

ESyDoc considers that community pharmacists have an increasingly important role to play in the management of specified conditions, provision of medicines advice and supporting patients taking medicines at home. The PCT has also identified this area as a programme workstream and ESyDoc will work with the local Pharmaceutical Committee (through its representative on the ESyDoc Board) and the PCT to develop initiatives in East Surrey in support of both planned and unplanned care.

b) Sexual Health Services

ESyDoc wishes to explore the development of sexual health services within the East Surrey area. Whilst acknowledging the existence of the current sexual health service across Surrey, the Board wants to review delivery of the service against the key criteria and clinical requirements contained in the briefing note on sexual health services attached as Annex B.

c) Development of ICATS Services

Current provision is largely around inherited services from East Surrey PCT (ENT, Cardiology and Dermatology). ESyDoc will explore further development of these services in line with new initiatives being proposed (Ophthalmology and Sexual Health are two known aspirations) and link these to the Invest to Save implementation process.

5. Unplanned care

In line with the objectives of system reform above, the intention here is to strengthen the role of the Urgent Treatment Centre, Rapid Assessment Clinic and to increase the ability to avoid unnecessary emergency admissions. This will require investment in both the UTC and RAC including the extension of medical cover in both units and the expansion of experienced nurse capacity within East Surrey Hospital and in the community to provide sustainable alternative service options for GPs and patients.

6. Other Work and Partnerships

Opportunities will be taken to explore the benefits of collaborative commissioning with other PBC clusters and groups including West Sussex. The GSK study contains a significant amount of clinical data by specialty, HRG grouping and provider. ESyDoc will assess those areas of the study that fall outside the invest to save programme and determine what action, if any, it wishes to take on the conclusions in terms of informing referral patterns, commissioning/performance discussions with providers and further projects on service redesign.

ESyDoc also wants to become involved in partnership working with local authorities particularly at district/borough council level. To that end, ESyDoc will seek membership of the Local Strategic Partnerships in both Tandridge and Reigate and Banstead and will explore opportunities for collaborative working within those joint planning and any other relevant arrangements.

9. Managing the Market and Invest to Save

The PCT has, under its recent Any Willing Provider programme, already sought applications from potential providers to deliver services covering dermatology, gynaecology, musculoskeletal services, ophthalmology and urology. All the specialties listed above have a part to play in the turnaround process and a number of them will be offered by alternative providers as part of the Invest to Save business plan proposals. This will require the PCT to both extend existing contracts for these and other specialties if approved, as well as license other providers who may not deliver these services currently in primary care and community settings to do so.

ESyDoc wants to play its part in stimulating the market in order to deal with the historical problems in delivery and cost of acute services for East Surrey. ESyDoc will also collaborate with the PCT in the implementation of its new policy on market management within the new localities commissioning structure.

The work that is currently being undertaken on Invest to Save is seeking to ensure that every potential new provider can meet the following criteria:

- Timely – meets 18 weeks requirements.
- Accessible – likely to be preferred when offered under Choose and Book.
- Cost effective – below conventional PBR tariff.
- Governance – evidence of corporate and clinical systems in support of service delivery.
- Critical mass – sufficient volume delivered on a sustainable basis.
- Location – options for delivery.
- Supporting activities e.g. diagnostics.

About Health have held discussions with a number of providers to set out the proposals under the Invest to Save programme. Responses have been extremely positive and most have submitted initial formal bids for services.

The key outcomes that Invest to Save is expected to deliver include:

- A reduction in the overall volumes of acute out-patient activity at SASH with particular reference to follow up appointments.
- A redirection of referrals for consultant led acute out-patients to providers delivering such services in primary care settings within East Surrey.
- An overall reduction in the cost of conventional out-patient activity arising from smaller volumes and a pricing structure reflecting the lower cost base for such services.
- A reduction in the number and cost of A & E attendances arising from diversion to alternative services.
- A reduction in the number and cost of emergency in-patient admissions particularly in the short stay categories.
- A reduction in the length of stay for patients at SASH particularly in relation to the level and cost of excess bed days.
- More services being delivered in the community in line with national and PCT policy.
- More choice available to patients and GPs.
- The growth of a mixed economy market for the East Surrey area with benefits for future commissioning of services and delivery of new models of care arising from service redesign.
- Growth in service capacity and responsiveness of primary care and community services.
- Enabling SASH to fulfil its strategic role as a high-quality provider of complex planned and emergency care services that can only be delivered in an acute hospital setting.

Implementation of the Invest to Save programme will be on a phased basis seeking initially to realise the £1.7 million full-year recurrent savings identified in the draft business case (after implementation costs). Additional savings are anticipated from the changes brought about by new referral patterns and clinical activity in subsequent phases of system transformation.

These arrangements require full engagement from all the practices in using the new opportunities and managing both demand for services and use of resources. There will be individual agreements reached with practices on how they will achieve this.

Subject to PCT agreement, implementation of Invest to Save is likely to start by the end of July 2009 with contracts and new services starting to be in place from October 2009.

10. ESyHealth

ESyDoc is also keen to see the development of the local GP Provider organisation (ESyHealth) which is currently in development and will initially focus on 'front end' primary care based services as alternatives to acute hospital based out-patients. This will include existing ICATS provision and medical capacity within the Urgent Treatment Centre in collaboration with Surrey Community Health together with new initiatives developed under the service redesign programme. ESyHealth has appointed an interim Chief Executive and is developing its organisation structure and business plans to enable it to play an increasing role in the system transformation programme.

ESyDoc will also seek opportunities to work with other primary care professionals and organisations such as community pharmacists, optometrists and dentists to improve service delivery and quality in more cost-effective ways.

11. Patient and Public Involvement

ESyDoc is very conscious that the scale and nature of changes proposed in this commissioning plan require the support and awareness of patients within East Surrey with the opportunity to contribute to design, monitoring and feedback. Such quality assurance in terms of the patient journey and experience will be vital in enabling ESyDoc and the PCT to measure the success or otherwise of the system transformation programme. It is also true to say that the development of patient engagement in general practice within East Surrey has not historically been as successful as it needs to be. Only 6 of the 20 practices have active patient groups or arrangements for consulting patients on practice based changes.

ESyDoc has therefore embarked on a programme of developments which are designed to strengthen and expand patient and public involvement (PPI) in the area. The first stage in this process has been to distribute a leaflet asking general questions about services. The responses received to-date are being analysed and will be used to inform the system transformation programme. In addition, About Health together with the PCT locality PPI lead have been asked to work with the Board, through its PPI Board lead, to develop proposals which:

- Propose models for patient engagement for those practices where this currently does not exist.
- Establish a patient reference group to contribute to the system transformation and Invest to Save programmes.
- Enable ESyDoc to locally consult on the proposed changes as they are firmed up and go through the approval process.
- Establish PPI as an integral and sustainable part of the ESyDoc commissioning role.

A steering group has been formed to take forward this programme and it will report regularly to the ESyDoc Board.

12. ESyLearn

Since the inception of ESyDoc there has been an informal process in place called ESyLearn, the function of which is to provide the basis for structured professional development for GPs and other primary care professionals. This has been led by a GP ESyDoc Board member.

The system transformation programme coupled with the challenges of service redesign and implementation requires ESyLearn to adopt a more business focussed approach to clinical training and development including the preparation of clinical leaders for new primary care based services to gain accreditation under AWP. ESyLearn will also support the development of commissioning capacity knowledge and skills within ESyDoc to enable GPs, other primary care professionals and managers to attain the relevant competencies under world-class commissioning. ESyLearn will therefore form itself into a limited company and look to establish trading relationships both with ESyDoc, the local GP and primary care professional community, as well as where relevant, any of the new providers being introduced into the local healthcare market. ESyLearn is being supported by About Health in this process.

13. Information Communication Technology

It is generally acknowledged that the quality of information to support management and clinical decision making on services across Surrey is in need of improvement. Furthermore, the needs of practice based commissioning at ESyDoc and GP referral level are different from those of the PCT. PBC and individual GPs need to provide better clinical outcomes with an improved patient experience by co-ordinating responses to patient need. Improving the quality and diversity of services for patients, closer to home, is inhibited by the multiple referral pathways of secondary care providers and the poor visibility of new primary care services. In order to make system transformation work such changes need to be underpinned good quality, accessible, real time data.

ESyDoc is considering a proposal for a new select and book functionality with a clinical database and referral tracking capability that allows clinical and financial information to be simultaneously captured. This integrated healthcare and financial database will be compatible with existing practice based systems (predominantly EMIS and VISION) and will link with the existing Choose and Book system. A draft business case has been prepared which identifies the initial investment required for this project to be in the order of £500,000 with £25,000 for the functional specification and ongoing development costs of around 100,000 to £200,000 per annum. Ongoing operational costs would be funded from the savings generated by greater efficiency in referrals and use of services.

The ESyDoc Board is currently working through a number of corporate and technical issues related to the proposal. If the draft business case is subsequently approved, then it is likely that development costs for first phase implementation will be sought initially from NHS Innovation funds and/or the private sector.

14. Surrey Community Health and Social Care

ESyDoc wishes to form a closer partnership with Surrey Community Health and Social Care to secure integrated service delivery with the emerging ESyHealth

provider organisation acknowledging that there were a number of key principles that needed to be met in order to this to be effective including:

- Sustaining the joint health and social care arrangements
- Ensuring fair budgets and allocation of resources
- Development of meaningful professional relationships between doctors and nurses and therapists
- Arrangements for treatment of surpluses and losses which were transparent.

Further discussions will be held with senior management in Surrey Community Health Services to take these ideas forward including the strategic intention to create an Integrated Care Organisation (see below).

15. Finance and Information

Practices within the ESyDoc area were issued with indicative commissioning budgets for general, acute and community services for 2008-09 and information on final outturn is still awaited from the PCT. Indicative budgets for 2009-10 have yet to be received (and will be an annex to this Plan). ESyDoc match budgets against the commissioning profile for each practice once this is posted on the Surrey Portal. This will form the basis of regular performance monitoring through the financial year. ESyDoc also expects, as part of the turnaround programme, the PCT to set targets for reductions in expenditure in a number of programme areas. These have yet to be received but are known to include the activities reflected in Invest to Save.

ESyDoc has also been in discussion with the PCT Director of Finance about the need to address, as a matter of urgency, the underfunding of local services through weighted capitation. The Director of Finance said that he would be putting a paper to the Executive Team and Board proposing a pace of change formula and timescale that would see resources move to East Surrey over the strategic commissioning cycle. In addition, ESyDoc has also expressed interest in a suggestion that the pace of change uplift be linked to the application of the released resources model (see below). ESyDoc is awaiting further information from the PCT on this point.

ESyDoc has also raised the question of releasing freed up resources to PBC to enable investment in new and additional services in line with national guidance. The PCT acknowledges (as confirmed by a recent DH sponsored external review) that it has not made progress in this area such as to give the financial flexibilities for investment that ESyDoc are entitled to expect and recognises that it now has to deliver on freed up resources in line with achievement of turnaround objectives. In its response to the Invest to Save business case, the PCT has proposed an initial 30: 70 split on delivery of key performance indicators. ESyDoc has said that the model needs to be one that achieves 70:30 in line with national guidance within 12 months.

As part of world class commissioning, all practice based commissioning groups can expect a number of entitlements as summarised below:

- Management and financial information – accurate, timely data and analysis, in particular on budgets, expenditure, referrals, prescribing, activity and, where possible, clinical performance. The PBC budget should contain, as a minimum, all hospital services, prescribing, mental health services,

community / locality services and other health initiatives, even if some elements are 'blocked back' to the PCT.

- Management and financial support – a package of support that will include, as a minimum, a management allowance, designated support from PCT staff and / or external partners (e.g. from the development framework) and a plan setting out how the PCT intends to support PBC development needs.
- Swift budget-setting and decision-making – every practice should receive their indicative budget and have agreed their management and financial support with the PCT by 1 May each year - with ultimate recourse to the SHA if this is not delivered. PCTs should make decisions on PBC plans and business cases within a maximum of eight weeks.
- Local incentive schemes – every PCT should agree PBC incentive schemes that promote better health, better care and better value in specific areas.

The PBC incentive scheme for Surrey has been reviewed and new proposals with the options were presented to each cluster by the PCT. These envisaged the following payments:

- £1.20 - Clinical Engagement
- £0.50 - Medicines Management
- £1.15 - Quality and Efficiency (Demand Management).

These have now been agreed by a majority vote. The third element is based on option 2b of the PCT proposals which sees 50p per patient being paid for reporting referral data and 65p per patient for increasing activity to alternative providers. This fits with the ESyDoc objectives under invest to save and will influence the development of key performance indicators for each practice in relation to performance management of the Invest to Save implementation plan.

16. Business Management and Organisational Development

The organisational structure of ESyDoc consists of the main Board supported by three sub-groups dealing with operational issues, clinical governance and professional training and development (ESyLearn). This has enabled ESyDoc to be fit for purpose within the organisational climate around Surrey PCT and to meet the requirements, in tandem with its constituent practices, of the PBC incentive scheme.

The PCT has now published its proposals for the new devolved locality commissioning structure. This will see three localities being established each with a local executive committee with powers to manage contracts and relationships with providers, control and direct resources and to achieve the changes required under the expectations of world class commissioning in terms of clinically led commissioning activity. Discussions will take place on how this will be practically apply within the Surrey and what the implications are for the current ESyDoc management model. The requirement for change will also be driven by the needs of the system transformation programme which, if approved, will demand significant clinical leadership and commitment across the primary care community in East Surrey.

ESyDoc will therefore take the opportunity to review its current arrangements including its future relationships with ESyHealth and ESyLearn to ensure that

these are on a proper footing. There will be a process of identifying and appointing clinical leads to head up the system transformation and service redesign workstreams working in partnership with and supported by the relevant PCT staff.

ESyDoc will also review the terms of reference of its sub-groups to ensure that these are consistent with any changes to its business model. The Board will also examine the future nature of administrative support required to sustain this wider set of responsibilities together with any infrastructure needs. Proposals for change will be presented to the ESyDoc Board and then discussed with the PCT.

ESyDoc will adopt a project management approach to the implementation of the commissioning plan and will assign Board responsibility to individuals for delivery of key outputs.

17. Integrated Care Organisation (ICO)

The overall strategic aim of the work in this plan is to enable commissioning and provider services in the East Surrey area to be brought together within an ICO framework. ESyDoc expects to be holding local discussions and then preparing an application with the next 9 to 12 months for submission and dialogue with the PCT. This will include amongst others, the community health services within the East Surrey area and an early indication of this intention will need to be logged in order that they can be included as part of the current Surrey PCT review of organisational options for community health services.

18. Monitoring and Review

This commissioning plan takes ESyDoc up to March 2011. In addition to regular monitoring of programme workstreams progress on the overall plan will be formally reviewed every six months and arrangements to up-date and refresh the plan will be put in place in Autumn 2010 in consultation with the PCT. The plan, once approved, will be posted on the ESyDoc website and made widely available to GP practices, service providers, patients and the general public. ESyDoc will also invite comments on the plan which will be used to inform future work.