

NHS Alliance Acorn Awards

Application for GP Consortium of the Year from Bassetlaw Commissioning Organisation.

Bassetlaw Commissioning Organisation (BCO) represents 11 practices and 110,000 patients and is based in North Nottinghamshire. BCO was formed in April 2010 and is a first wave pathfinder. We have taken our role as a pathfinder seriously and have contributed to a number of local and national events to share our progress to date.

Although we are a relatively small organisation we have been able to make more progress than many others because we have developed a strong network of relationships. We have included comments from our partners throughout this application as we believe these relationships are key to the success we have had to date.

Mature Governance arrangements

“BCO has a clear vision of the future and has made significant steps in moving towards this vision. I believe that BCO has established the firm foundation it needs to become a very successful Clinical Commissioning Group”
– PCT Chair

As BCO has been established for well over a year we have been able to develop governance arrangements which not only meet statutory and legislative requirements in theory but have also been well tested in practice.

We have worked very closely with NHS Bassetlaw throughout the process and now function as a single organisation. Although the PCT remains the statutory body until authorisation, BCO has now assumed responsibility for statutory duties and delivery of the Strategic and QIPP plans (£5.7million for 11/12)

This has meant that we have been able to utilise existing governance structures and, more importantly, the skills and experience of those staff who manage them. However, we have also used this as an opportunity to review existing systems and identify potential for improvement. This work has been underpinned by a comprehensive mapping of all governance functions so that we could assure ourselves that all necessary work was continuing throughout transition even though there have been reductions in management numbers.

The organisation is now led by the Executive Management Committee which consists of the GP Chair and 6 other GPs, Chief Operating Officer, Chief Finance Officer, General Manager, Public Health Manager and 2 Non-Executive Directors.

BCO has a well developed risk register to support the transitional process and, following training on risk management for all EMC members, an Assurance Framework is also being used.

The BCO constitution and governance framework provide the key documents against which the structure of the organisation has developed. These documents along with the scheme of delegation make it very clear how and where decisions are made.

Strong Engagement with Member Practices

“BCO has worked hard to make sure that all GPs are engaged in commissioning and know how they can influence priorities. As well as regular meetings and updates, the website is easy to use and has lots of useful information. The QIPP scheme has been one of the most important drivers by showing practices what commissioning really means at a practice level. BCO has also put a lot of thought into managing the tensions that arise in GP commissioning, for example making sure that time spent on

commissioning activity is targeted at the most important areas and having a documented agreement on how to manage the split between commissioning and providing” – A Retford GP

BCO has always ensured that engagement with practices and GPs is a key priority. We recognise that it is often difficult for clinical staff to become involved in commissioning due to conflicting priorities and a lack of time but have been very impressed by the commitment shown by individuals on an ongoing basis.

The organisation was originally supported by a Members agreement with each practice which outlined roles and responsibilities of BCO and the practice. This led to the development of a constitution which was signed off in February 2011. This constitution sets out how decisions will be made and ensures that the views of all member practices are taken into consideration by the Executive Management Committee.

Each practice has a BCO lead responsible for co-ordinating commissioning activity within the practice and these leads meet on a monthly basis to ensure a regular flow of communication. We also hold regular member meetings for all Primary Care staff to update on developments and to obtain views on the way forward.

One of the most significant factors in our success has been the QIPP Scheme. This scheme aims to reduce clinical variation, improve quality of care and ensure effective use of resources. The scheme covers 4 areas: referrals to outpatients, emergency admissions, minor attendances in A+E and prescribing. Practices who make a significant contribution to delivering QIPP efficiencies receive funding at the year end to reinvest back into local services and patient care. The funding also allows the practices to increase capacity and capability to support change.

As well as developing engagement with staff in primary care, we have also invested time and effort in existing PCT staff who will be part of the future BCO. The BCO Chair attends monthly staff briefings along with the Chief Operating Officer to ensure that staff feel supported during the transitional process.

Getting a grip of QIPP – evidence of broad ownership of the challenges

“BCO has proved outstanding in its first months in terms of:

- 1. Its development of an effective governance infrastructure and a network of partnerships locally across health and social care.***
- 2. Successful tender of two substantial local services – MSK CATS and Community Dermatology – which will have a major impact on both services, integrating them and cutting costs.***
- 3. Active collaboration with Doncaster and Bassetlaw Hospitals’ innovative “i-Tracker” information system which provides real time management of in-patients across hospital and community care. BCO has been instrumental in developing the GP functionality of this system, which is now attracting national attention.***
- 4. Active contribution to a major and contended clinical services review with particular reference to Bassetlaw hospital.***
- 5. Substantial reduction (currently 12% but rising) in first out-patient referrals from local GPs over a sustained period of time (six months).***

The leadership of BCO is exemplary and the progress it has made probably exceeds that of any other GP commissioning consortium in Yorkshire and The Humber or the East Midlands.”

– Chief Executive of Acute Trust

BCO started working with NHS Bassetlaw very early in the commissioning cycle and jointly developed the Strategic Plans for 2011/12 including GPs attending with the PCT to present the plans to the SHA. We worked jointly with the PCT to develop a challenging QIPP plan and underpinned this with the QIPP scheme to support practices in making the necessary changes. The scheme achieved a 12% reduction in first outpatient referrals in 6 months by utilising other clinical skills and alternative services in the community where possible, without denying any clinically appropriate referrals or any form of referral management service. We believe this is sustainable change, led by clinical behaviour, and we have now extended our focus to emergency

admissions, A+E attendances and prescribing. Plans are also in place to deliver a saving of £1m in prescribing and we are making good early progress on this.

BCO now takes responsibility for monitoring the implementation of the QIPP plans through reporting to EMC. Each QIPP initiative has an aligned GP who has responsibility for ensuring that the plans are clinically robust and have the support of their colleagues in primary and secondary care.

We have respecified and successfully tendered improved and integrated Musculoskeletal and Dermatology services locally, bringing services closer to patients and are now using the learning from this process in a number of other clinical areas.

Partnership working with other stakeholders – Linked to health and well being agenda

“There is particularly strong progress in relation to:-

- 1. Having effective organisational arrangements in working with Community Services, secondary care and with local government.*
- 2. A Strong grasp of the responsibilities of Commissioning Consortia. The Leader, Deputy Leader of the Council and I were extremely impressed with the drive and ambition demonstrated when we visited the Consortium in April. There were tangible examples of ambition to improve services, the need to improve productivity and quality and achieve financial balance.*
- 3. Effective Joint Commissioning, particularly through the planning for the use of re-ablement funding and the NHS support to social care expenditure.*
- 4. The commitment to work with the County Council to ensure that there are excellent Joint Strategic Needs Assessment and Health and Wellbeing Strategies. The County Council was delighted that Dr. Kell was nominated and accepted the role of Vice Chair of the Nottinghamshire Health and Wellbeing Board.*

These features mean that the Consortium is driving the Commissioning agenda in Bassetlaw”.
– Deputy Chief Executive – Nottinghamshire County Council

BCO has worked closely with Nottinghamshire County Council on a number of initiatives. A Clinical Executive Committee has been established to support joint working through the transitional period.

The important role of BCO in partnership working was recognised when the chair of BCO was asked to be Vice-Chair of the local Health and Wellbeing Board

Patient and Public Involvement and responsiveness

“Bassetlaw district is fortunate to have a forward-thinking clinical commissioning group, who have worked closely with the voluntary and community sector from day one.”
- District Partnership Officer, Bassetlaw Community and Voluntary Services

“Our involvement with BCO has been incredibly positive so far. The BCO have shown true commitment to the Voluntary Sector by setting aside time to explain what is happening in Bassetlaw. The voluntary sector liaison meeting held on the 9th June at the Crossing in Worksop which was organised by BCO provided a platform for the BCO and Voluntary Sector (and the District Council) to come together to raise awareness and discuss key issues. This event will be followed up with a second event in the autumn. I think the engagement with the voluntary sector has been really useful to both parties and the review of all voluntary sector contracts which has taken place during the year has provided further opportunities for ensuring shared mutual understanding (in addition to best value for money being achieved as a result). I look forward to a positive working relationship with the BCO and I wish them every success for the future.”
- Chief Executive Bassetlaw Action Centre

From its inception, BCO has agreed that it should build on existing mechanisms for patient and public involvement which are locally well regarded rather than setting up new organisational structures. We have therefore nominated one of our GPs to lead on Patient and Public Involvement with the support of management staff. BCO now regularly attends LINK meetings and is providing support in the transition to HealthWatch.

We also recognise the importance of our local Voluntary sector both as a mechanism for obtaining the views of patients and the public but also as a potential provider of services which are community based and patient focused. We therefore held a workshop with the Voluntary Sector to establish working relationships and to ensure a shared understanding of the priorities for the next year. Further workshops are planned to build on these relationships.

Tackling some difficult issues e.g decommissioning services

“BCO, supported by NHS Bassetlaw managers and staff, fully recognises the need to address important and challenging commissioning issues. BCO is committed to local service delivery, whilst ensuring it commissions high quality services, sustainable and affordable services. BCO and our staff are working in partnership with local providers to design and implement imaginative solutions to these challenges. It is demonstrating that clinical leaders, supported by high quality staff, can drive change and improvement”
– ***Cluster Chief Executive***

BCO believes strongly in partnership working, and have developed an inpatient strategy which will provide the framework for working with the Local Authority and Secondary Care. This vision includes real time management of patients using developed information systems which have already improved processes for inpatients. The strategy will co-ordinate a wide variety of workstreams and organisations

BCO are currently leading the redesign of acute hospital care, with the involvement of all stakeholders. We are developing an Assessment and Treatment Centre model locally which will reduce admissions and improve diagnostic and social care services. We are also working to improve the integration of paediatric and obstetric services across the hospital sites in Doncaster and Bassetlaw to improve the quality of care offered to children and families. This work is being undertaken in a difficult political climate which requires regular and consistent liaison with the media and local politicians.

BCO have reviewed all voluntary sector contracts locally and ensured that appropriate monitoring and specifications are in place for each, with a plan to review contracts regularly to ensure value for money and high quality services.

The Executive Management Committee have consistently challenged providers to improve quality and have introduced key performance indicator monitoring to assist this. An example of this is delay in surgery for patients with fractured neck of femur, leading to an improvement in the pathway and reduced waits for theatre.