

LMC Secretariat Newsletter (November 2005) (Bucks Supplement)

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Commissioning a Patient Led NHS (CPLNHS)

(Extract from a PCT Board paper)

C&SB, VoA and Wycombe PCTs have set up "the Buckinghamshire Alliance" project board that will drive to completion the Trust that will

- Commission healthcare services
- Continue to provide community based services in the short to medium term

The project board submitted proposals to the Thames Valley Health Authority at the end of September.

The SHA submission went to the DoH on 15.10.05. for review by a DOH external panel.

The preferred approach is the creation of a Buckinghamshire integrated Trust involving the three PCTs.

See www.tvsha.nhs.uk/papers/DH_submission_13_Oct_05_CPLNHS.pdf

Queries about CPL NHS to changing.times@bssmail.nhs.uk or 01296 310041

Demand Management in Bucks

(Extract from a PCT Board paper)

The Bucks financial deficit requires PCTs to increase demand management.

The PCT cannot allow BHT (Bucks Hospital Trust) to over perform.

GPs especially have an important function in managing demand (elective and non elective).

Using month 6 figures, finance officers predict a significant end of year deficit SLA negotiations with BHT have led to the abandonment of the TVSHA "rules" modifying full PbR (Payment by Results) and so a reduction in planned savings.

Where appropriate, existing treatment resources outside of local acute trusts should be used.

- Musculoskeletal service
- Independent sector providers: Capio, BMI, Thames Valley Nuffield
- Cressex ISDC

To allow peer and specialist review of all referrals a Clinical Assessment Service is being established within the referral support centre (RSC).

Eventually, PBC may deliver the same reduction in secondary care activity.

Referrals to the following specialities will undergo speciality-specific review looking for an alternative pathway.

- Musculoskeletal
- ENT
- Dermatology and plastics
- Ophthalmology
- Gynaecology

All referrals will then either be

- Passed to original provider as per the referral.
- Passed to an alternative provider (e.g. musculoskeletal clinic or GPST) to provide a different but clinically appropriate service.
- Referred back to primary care with management recommendations.

It is anticipated that referral behaviour will change very quickly as awareness of