

Where next for the local commissioning of community eye care?

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What has happened to PCTs since mergers under CPLNHS one year ago?

- Most have now completed their management structures and appointed all their staff
- Some have experienced financial problems and are looking to make short term cost savings rather than investing in new services this year
- Few, if any, will have a dedicated manager for commissioning eye care services



What's Practice Based Commissioning (PBC)?

- Process of engaging primary care in the local commissioning of services for patients.
- Enables commissioning decisions to be clinically led by GPs and other healthcare professionals
- PCTs provide demographic/referral/activity and clinical data which shapes service redesign.
- PCTs release indicative budgets and empower PBC leads to make financial decisions.
- Savings can be reinvested in local patient services.



Benefits of Practice Based Commissioning (PBC)

- Clinically led commissioning
 - Ensures clinical priorities are given to service redesign and improves the secondary to primary care interface with acute clinicians.
- Improved services for patients
 - Promotes secondary to primary care shift initiatives supporting “care closer to home” and improved patient choice
- Better use of resources
 - Leading to improved access and quality, wider stakeholder engagement and the achievement of financial balance



What's a Practice Based Commissioning (PBC) group?

- PBC consortia/groups are evolving. Indicative budgets should have been released by PCTs/data sets provided.
- May have PCT management input or appointed business managers.
- Some forming into Limited Companies
- Wide demographic variance



What's a Practice Based Commissioning (PBC) group?

- Slow to engage with wider clinical groups (pharmacy/AHPs/etc).
- Majority not in a position to share strategic priorities with external stakeholders (ie. LOCs/LPCs)
- Those who are established are making strategic commissioning decisions/redesigning services.
- Starting to engage with wider primary care stakeholders.



What about shared eye care services dating from before CPLNHS and PBC?

- Some have been retro-fitted pretty neatly to PBC and the new commissioning environment
- Some have been de-commissioned temporarily because of the need to make financial savings
- Few, if any, new local eye care services have been introduced in the last 12 months



What are PBC groups and PCTs expecting?

- Some may still be (erroneously) expecting a major new GOS contract arrangement from 1 April 2008, taking the new medical, dental and pharmacy contracts as their models for this
- Some just want to work through their current financial problems
- They need to achieve financial balance in 2007-08 and beyond



How will PBC groups and PCTs approach the local commissioning of eye care?

- Needs Assessment
- Service Change
- Designing Solutions
- Making change happen
- Making key strategic decisions
- Timelines for Implementation
- Performance Management



How will PBC groups and PCTs approach the local commissioning of eye care?

- Where are we now?
- Why change eyecare services?
- Where do we want to be?
- How do we get there?
- Who decides what and when?
- How will we know when we've got there?
- How long will it all take?



What can LOCs and individual optometrists do?

- Establish contact with the PCT/local PBC group(s)
- Find out who is leading on commissioning eye care services
- Raise awareness of what services you can deliver
- Check - Is eye care a priority of the overall commissioning strategy?
- Does it fit with other targets? (18 weeks, Long Term Conditions, public health eg. retinal screening, etc)
- Try to secure a commitment to include initiatives in the annual LDP (local delivery plan) (Nov/Dec)



How much initiative can LOCs take?

- Not a price fixing cartel – unlawful
- Not a collective bargainer as such
- Cannot bind all optometrists on its patch to participate in a new service
- Can probably negotiate a framework agreement and commend it to all optoms
- When in doubt, seek advice from the LOC Support Unit or the LOC's lawyers



Do some fact finding

- How many ophthalmology outpatient cases get seen each year on the patch?
- What's the hospital tariff for these?
- If these were screened by an optometrist first, what proportion would not need to go to hospital at all?
- How many could your optometrist colleagues see in a half day session?
- What's a fair sessional rate to ask for?



Concentrate on early winners

- Glaucoma referral refinement is likely to be a better bet than AMD
- Look for clinical areas where most optoms can contribute now, not later, ie. without buying additional equipment, without undertaking additional training and without becoming independent prescribers
- All that can come later once the principle is established



Build some credibility

- If you can, demonstrate that primary care optometry can do it
 - Quicker or
 - Cheaper or
 - With improved quality or
 - Ideally all three
- Get to know the key players – leading GP commissioners, the director of finance
- Find out what's on top of their agendas – it may not be primary eye care
- Win their trust



Potential providers of community based eye care

- Hospital based ophthalmologists
- GP/PSI ophthalmologists
- OMPs
- Orthoptists
- Ophthalmic nurses
- Dispensing opticians
- 3rd sector (not for profit) organisations
- For profit companies (potentially Boots, Tesco, etc as well as United Healthcare Europe etc)
- Optometrists



Build a business case

- Provide an outline costing of the hospital based service
- Provide an outline costing of a comparable community optometry based service
- Be realistic about what proportion of cases may end up in hospital after all
- Highlight any cost savings
- Highlight any time savings
- Highlight any quality improvements
- Consider the potential Lucentis effect



If you are initially unsuccessful

- Your initial business case may be flawed – be prepared to revise it
- Optometry may have been perceived as the new kid on the block – you've always been paid for from national, not local, funding
- Carefully marshalled facts, rational arguments and polite persistence beat tantrums and rattle throwing
- Remember it's the PBC group's/PCT's right to chose
- There's always next year



Local Eye Care Forums

- Not a new idea
- Some have existed for years
- Broad spread of interests represented
 - LOCs and optometrists
 - Secondary Care Providers
 - PCT Commissioners
 - Practice Based Commissioners
 - Local Authority Social Services
 - 3rd Sector
 - Representing patient voice or
 - As not for profit providers or
 - Both



What is NHS Primary Care Contracting doing?

- Practical analytical toolkit for PBC groups and PCTs just published
- Looking for early adopter PBC groups and PCTs to work with and to use as exemplars
- Gearing up for an increased volume of helpline queries from PBC groups and PCTs
- Working closely with DH on PCT/support agency implementation of revised ophthalmic list regulations



Thanks for listening

Questions now or in
panel discussion



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