Agenda Item 5 – Paper 5a

Primary Care Trust Briefing

Great Western Ambulance Joint Health Scrutiny Committee **25th July 2008**

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Purpose
The purpose of this paper is to provide a briefing for the Great Western Joint Health Overview and Scrutiny Committee for Great Western Ambulance Services on key commissioning issues. The paper has been prepared by Gloucestershire PCT as the lead commissioner. It focuses on answering the specific questions that the Committee has raised.

Recommendation

The Great Western Ambulance Joint Health Scrutiny Committee is requested to:

- Note the information provided by Gloucestershire Primary Care Trust at the request of the Committee
- Identify any areas for further review or any action required

1. Reasons

1.1 When developing its work programme, the Great Western Ambulance Joint Health Scrutiny Committee agreed to meet with representatives from all of the Primary Care Trusts that commission services from the Great Western Ambulance NHS Trust to discuss their role in commissioning, monitoring performance and developing care pathways to reduce the need for admission to hospital.

1.2 On behalf of the Committee the Chair submitted questions to the lead commissioner Gloucestershire Primary Care Trust to answer in the form of a briefing paper. The responses to these questions are outlined below.

1.3 Representatives from all seven of the Primary Care Trusts that commission services from Great Western Ambulance NHS Trust have been invited to attend the meeting. Members are encouraged to focus discussion on the following strategic issues:

- To determine how ambulance services are commissioned and whether the services commissioned are sufficient to meet national targets
- To understand the funding arrangements for the Great Western Ambulance NHS Trust and consider if the Trust is funded fairly

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Further information on the subject of this report can be obtained from *Becky Parish* on *0845 6583808* or Email *becky.parish@glos.nhs.uk.*

- To determine how PCTs monitor the performance of GWA and what action has been taken to support the Trust to improve performance e.g. additional investment.
- To determine what action individual PCTs are taking to ensure reductions in patient handover times at acute hospitals.
- To determine how primary care pathways are being developed to reduce the need for admissions to hospital.
- To determine what other issues PCTs think need to be addressed within the health economy as a whole in order to improve GWAS performance.

2. Detail

2.1 Commissioning

- **How are services commissioned from GWAS?**

2.2.1 Gloucestershire Primary Care Trust is the lead commissioner for ambulance services provided by the Great Western Ambulance Trust, with the role of co-ordinating the commissioning process and reducing the number of interfaces that the service provider is required to have with primary care trusts when negotiating contracts. The PCT acts as the lead commissioner for seven primary care trusts.

2.2.2 Each PCT is accountable to their population and is required to conduct an assessment of local need and identify gaps in service provision, produce a specification for a service to meet the identified need, and work with the lead commissioner to procure an effective service to meet that need. PCTs within the GWAS area have established multi-agency urgent and unscheduled care networks to work with a variety of partners and stakeholders to review and improve care.

- **What evidence is there that the level of services commissioned for Category A8 and Category A19 is sufficient to meet local and national targets, particularly in rural areas?**

2.2.3 There have been a number of exercises to establish the level of resources required. It is important to state that there are currently no local targets for the delivery of CAT A8, as performance is measured across the whole area.

2.2.4 Additional resources have been agreed between the GWAS and the lead commissioner on a short-term basis to establish whether this will help deliver the target. The outcome of the short-term investment will be evaluated to help determine an appropriate long-term approach

- **How is the level of investment from individual PCTs determined?**

2.2.5 Baseline investment is based on carried-forward levels of historic funding. The lead PCT has commissioned a programme of work during this financial year to review this basis and derive a level method of funding, which is based more closely on identified need within a given area. A basis for this has not been established yet but may include measures such as activations, rurality and other factors.

- **Can PCTs contribute additional funding for specific services in their area? Is so, which PCTs have made an additional contribution and what has this been used for?**

2.2.6 PCTs are able to invest in local schemes that meet local needs. For example, as part of reviewing urgent and unscheduled care provision, PCTs may choose to make additional resources available for additional Emergency Care Practitioners and other services, such as first responder schemes.

- **How are patients and the public involved in commissioning decisions?**

2.2.7 Patient and Public Engagement is generally the responsibility of the individual PCTs, although sometimes a particular issue may require co-ordination across a wider area. Local engagement processes can include broad exercises relating to experience of unscheduled care services; feedback from local forums (e.g. PPI Forums previously), and through engagement on very specific local projects and issues.

- **How often are commissioning decisions reviewed?**

2.2.8 This varies depending on the individual PCT's priorities and work programme. However, as a minimum, there is an annual review of all contracts through the annual planning process (i.e. Strategic Framework review leading to the development of a revised Operating Plan for the following financial year)

2.3 Performance Management

- **To what extent are individual PCT's involved in performance management of GWAS, i.e. what action can individual PCT's take in response to poor performance in their locality?**

2.3.1 All PCT's attend a quarterly performance contract meeting with GWAS, which is chaired by Gloucestershire PCT as the lead commissioning PCT. GPCT have monthly contract performance meetings with GWAS, which are on behalf of all

PCTs, and PCT's are asked if there are any specific queries that they want raised at the meeting. The notes of meetings are shared with all PCT's

2.3.2 Performance is looked at across GWAS as a totality and also as Locality areas and down to individual PCT's. Specific issues are reviewed as an overview and at PCT level, e.g. there has been an increase in activations (ambulances dispatches) across GWAS, they are looking at this by PCT area, so if there is a particular hotspot then discussions can be held with that PCT to identify more local issues and potential remedial actions.

- **How has GWAS been supported to improve performance, particularly in response to the challenges resulting from call connect?**

2.3.2 GWAS has produced a performance improvement plan, which contains a range of actions required to enable them to improve their performance. GPCT and the Strategic Health Authority (SHA) have weekly phone calls with GWAS to determine progress against the plan, to identify any blockages to progress and to work with them to help resolve issues.

2.4 Patient Handover Times

- **There is poor performance at some Acute Hospitals. What actions are relevant PCT's taking in response?**

2.4.1 For each identified area of poor performance the health community has worked through their urgent and unscheduled care networks to agree an action plan to improve systems around hospital A & E departments and admission and discharge from hospital. The networks have also agreed a trajectory to reduce the numbers of over 45 minute handover delays. The urgent care networks have representation from a wide range of partners, including: the PCT, acute care, community care, ambulance trust, social services and the Strategic Health Authority and are based around geographical locations. The PCT's are now being asked to provide feedback to the lead commissioner (GPCT) to review with GWAS as part of the monthly contract performance meeting.

- **To what extent are patient handover times linked to A & E targets?**

2.4.2 Pressures within the A & E Departments (which can be seen through performance against the A & E 4 hour access target) lead to patient handover delays, which is why the responsibility to improve performance in handover delays sits with the multi-agency urgent and unscheduled care networks as the solutions require whole system service change.

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2.5 Patient Pathways

- **To what extent is the development of primary care services to reduce admissions to hospital co-ordinated across the GWAS region?**

2.5.1 The development of primary care services will be based upon needs assessments within the different PCT areas. The Strategic Health Authority has an overview of all developments and can review them in respect of the total area in which GWAS operates.

- **How is GWAS involved in the development of primary care services e.g. basing ECPs at GP surgeries?**

2.5.2 The deployment of ECP's is agreed between individual PCT's and GWAS. They may be based in a number of places, e.g. GP surgery or a community hospital Minor Injury Unit; it will depend upon the needs of that geographical area.

- **What steps are being taken to educate patients, the public and primary care health professionals (e.g. GPs) that where possible, admission to hospital will be avoided?**

2.5.3 There is a programme of communication and education being developed across local urgent care networks. This will involve targeted messages at specific groups, as well as general communication with the wider population.

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