

HEREFORDSHIRE PRIMARY CARE TRUST

BRIEFING PAPER FOR HEALTH SCRUTINY COMMITTEE

9th DECEMBER 2004

1. Introduction

This briefing paper covers three areas of current NHS interest:

- The Local Delivery Plan Process;
- NHS Dental Services;
- Primary Care Led Commissioning.

2. Local Delivery Plan Process

The NHS planning cycle operates on a three-year basis through the production of Local Delivery Plans. The next planning cycle starts on 1st April 2005 and runs until 31st March 2008. The PCT will therefore need to develop the new Local Delivery Plan in partnership with other NHS bodies and Local Authorities over the coming months. The Strategic Health Authority requires the final document to be submitted by end January 2005. The Local Delivery Plan will be a response to the published Health and Social Care Standards and Planning Framework and will include both the narrative and annual trajectories needed to ensure the delivery of national and local targets. The Plan will inform the Health Care Commission's performance rating assessment of the PCT. What is different about this Local Delivery Plan from the previous versions is that the PCT will continue to receive national targets but will derive most of its strategic inspiration from the local assessment of health needs and priorities.

Whilst the PCT will want to agree the Local Delivery Plan with Herefordshire Council's Directorate of Social Care and Strategic Housing, it is possible that full agreement will not be reached with Hereford Hospitals NHS Trust because of the changes in funding being introduced from 1st April 2005. Nevertheless the PCT will want to try to involve the Trust as much as possible in the process. Whilst the Plan is not intended to be a public document the PCT has always tried to produce it in a "user friendly" way so that local people can understand how health and social care priorities are being addressed locally.

3. NHS Dental Services

Access to NHS dental services is a national problem. Securing access to NHS dental services is one of Herefordshire Primary Care Trust's top priorities. The PCT recognises that the lack of access to these services is a major concern for the people who live and work in Herefordshire and is committed to developing NHS dentistry, improving access and ensuring a smooth transition

to local commissioning of dental services. There are currently 75 dentists providing NHS dental services from 27 dental practices registered with the PCT. Of these practices 10 are mainly NHS, 16 mainly private and 1 specialises in Orthodontics only. In addition the PCT has developed a salaried primary care dental service which currently employs 11.5 WTE dentists, 0.6 hygienists and 1 dental therapist at 7 Dental Access Centres (DAC) across the PCT area. The picture in Herefordshire had increasingly been emerging as a centralised dental service in the form of a DAC providing community and emergency dental services and supporting primary and secondary dental services.

Herefordshire has had access difficulties for NHS dental care for a number of years. Historically there has been great difficulty in attracting new dentists to the area. This recruitment issue is of particular concern to the PCT since the age profile of dentists currently registered demonstrates that 8% of this workforce would be eligible for retirement over the next 5 years. The number of practices that have moved to the private sector over the past few years resulting in de-registrations have affected a large number of local people. This loss of NHS places has been managed to some degree by the establishment of the Dental Access Centres; however recent de-registrations in some parts of Herefordshire, particularly Leominster have put the Dental Access Centres under considerable pressure. There are also significant cross-border flows of patients from West Gloucestershire, South Shropshire, Powys and Monmouthshire, all which have significant access issues. This is creating an additional strain on local services. Over the last few months the PCT has been working with the Department of Health and has agreed a Dental Action Plan that makes provision for an extra 15,400 NHS places by October 2005. This represents some 75% of all places lost since 2001. The PCT will now be working with local dentists and the Local Dental Committee in conjunction with the Strategic Health Authority, Workforce Development Confederation and the Department of Health to ensure delivery of this plan.

4. Primary Care Led Commissioning

Promoting practice level budgets for commissioning – it is envisaged that patients will benefit from a greater variety of services, from a greater number of providers in settings that are closer to home and more convenient for patients. It is intended that the public will benefit from more efficient use of services and greater involvement of front line doctors and nurses in the commissioning process. There is good reason to be confident in these expectations.

The introduction of practice led commissioning from 1st April 2005 is a key aspect of the current NHS System reforms along with access, booking and choice, payment by results and the development of Foundation Trusts. From the 1st April 2005 all GP practices will have a right to take part. Practices can choose whether to operate individually or come together in groups or locality clusters. The PCT must offer an indicative budget of those that ask for it, practices may join the scheme at any time from April 2005 negotiating the time with the PCT. By agreement between the practice or locality and PCT

the indicative budget may be limited to selective service areas or it may include all services that are currently commissioned excluding specialised services. The scheme is described as voluntary for practices but is expected to rapidly become the norm. After 3 years practices are expected to hold budgets to commission a full range of health care provision with the exception of specialised services. Practices will be allowed to keep 50% of any savings they make to invest in patient care. Initially the indicative budget will be based on expenditure in the financial year 2003/4 with the appropriate uplift. Over the next three years a weighted capitation budget will be introduced using a national formula. The PCT will continue to hold the actual budget and will be responsible for contracts with providers. Each participating practice will be expected to keep its annual expenditure within budget. Overspends in any one year will be carried forward to the next. Practices will be required to breakeven over a three year period. Those that fail to do so will lose the right to the budget. Practices will be responsible for ensuring that patients are offered choice of provider for elective care in line with national policy. From December 2005 this will mean offering a choice of 4 – 5 local providers.

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