London's GP consortia Development Programme – Application form

For information on the applications process please review the guidance document on London's GP consortia development programme – available at www.london.nhs.uk

Please provide all applications to strategycommissioning@london.nhs.uk

You can use this template to demonstrate your evidence, but supporting documents can also be provided.

Consortium Details:

Please complete the table below for all applications.

Consortium Name	Wandsworth
Sector for consortium	South West London
Primary PCT for consortium	Wandsworth PCT
Local Authorities for consortium	London Borough of Wandsworth

Lead contact for application	
Name	Dr Tom Coffey
Designation	Wandsworth GP, PEC Chair & Chair of Consortium Working Group
Email address	Tom.coffey@nhs.net
Telephone number	07971 167731

List of practices in consortium (including practice codes)

Locality	Practice Name	Practice Code	List Size (Oct 2010)
Wandle	AKBAR	H85637	2,209
West Wandsworth	ALISSA	H85065	4,368
Wandle	AMIN	H85664	2,087
West Wandsworth	BEARN	H85061	14,821
Battersea	BEGG	H85659	2,909

	Locality	Practice	Code	List size
	Wandle	BOBAK	H85001	11,899
	West Wandsworth	BOWEN	H85008	7,143
	Wandle	BOWER	H85066	14,047
	West Wandsworth	BURT	H85006	5,514
	Wandle	CHRISTIE	H85057	6,719
	West Wandsworth	DEBOER	H85004	4,102
	Wandle	DURHAM	H85047	11,387
	Wandle	FREEMAN	Y02423	27,341
	Wandle	FURZEDOWN PCC	H85695	3,564
	Wandle	GHUFOOR	H85052	4,893
	Wandle	GORDON	H85041	11,597
	Battersea	GRANNELL	H85111	9,981
	Wandle	HAIDER	H85075	2,425
	Wandle	HANSPAL	H85039	5,960
	Battersea	HOSSAIN	H85088	4,330
	West Wandsworth	ILVES	H85067	3,510
	West Wandsworth	IYER	H85643	3,118
	Battersea	JOB	H85003	8,657
	Wandle	KHAN MH	H85650	1,419
	Battersea	KROLL	H85069	12,548
	Battersea	KUMAR	H85056	2,481
	West Wandsworth	LEBUS	Y01132	9,999
	Wandle	MITTAL	H85087	11,156
	Wandle	NEIL	H85007	12,748
	Wandle	NICHOLAS	H85005	13,252
	Wandle	NIGHTINGALE HOUSE	H85691	184
	West Wandsworth	NORTH	H85012	21,083

	Battersea	OKONMAH	H85002	10,841
	Wandle	PATEL	H85082	5,032
	Battersea	PEACH	H85114	10,440
	Battersea	PUVINATHAN	H85077	7,582
	Wandle	RIBERIO	H85009	11,841
	Wandle	SHIRAZ	H85680	6,580
	Battersea	SNAPE	H85045	13,752
	Wandle	SREETHARAN	H85685	1,537
	Wandle	ST. PAUL'S COTTAGE	H85100	5,245
	Wandle	THOMSON	H85011	8,256
	West Wandsworth	THURAIRATNAM	H85682	7,056
	Battersea	WILLIAMS	H85049	7,847
	Wandle	WINSTOCK	H85048	16,375
	Battersea	GP LED HEALTH CENTRE	Y02946	531
Registered patient population for consortium	370,366			

Pathfinder phase – Design, planning and preparation:

For applications to the design, planning and preparation stage please provide evidence against the criteria listed in the table below:

Strong GP leadership and support:

A joint statement of intent from the GP practices within the consortium
The 46 GP practices in Wandsworth, with the active support of the PCT, the Local Authority and wider stakeholders, intend to work together to form one Commissioning Consortium, with three strong localities, serving the Borough of Wandsworth. Building upon our three established Local Commissioning Groups, serving Battersea, Wandle and West Wandsworth (see map below showing GP practices in each locality), the Consortium will promote a strong focus on addressing the health and well-being needs of local communities and will maximise patient and stakeholder engagement at all levels of the commissioning process. Developing the Consortium around the three existing localities will enable the active involvement by all GP practices in the work and governance of the Consortium and positively builds on the successes realised through Locality Commissioning Groups including the development of strong, local clinical leadership; building skills, capacity and knowledge to deliver clinical commissioning functions; and the delivery of a wide range of locality-led service improvement initiatives. The intention to work towards the creation of a single Commissioning Consortium in Wandsworth, with three strong localities, has been the subject of extensive discussion and consideration over recent months. Each Local Commissioning Group, with coverage across all 46 GP practices in Wandsworth, held a series of discussions on the range of possible options for the design of future Commissioning Consortia in the borough. Discussions included consideration of: • The achievements and benefits of the existing locality structures; • Scale – big enough to have impact; local enough to be sensitive and adaptable to the needs of local communities and individual patients; • A comprehensive review of the commissioning functions that the Consortium is anticipated to require and evaluation of the capacity and resources that are likely to be available to the Consortium; • Securing value for money in the commissioning process and potential operating costs of the Consortium; • Patient Pathways and the potential to build stronger commissioning partnerships with aspirant Consortia neighbouring Wandsworth; • Opportunities to strengthen partnership working and secure greater health gain for the local population through closer collaboration with the Local Authority and other key stakeholders. An options appraisal exercise involving clinicians, PCT managers, Public Health and Local Authority colleagues was also undertaken to inform the deliberations by the Local

Commissioning Groups.

In October 2010 each of the Local Commissioning Groups formally resolved to support the development towards a borough wide Commissioning Consortium, with three strong localities. This was subsequently ratified at a meeting of the Borough Commissioning Board on 13th October 2010. (See appendices 1, 2 & 3 as examples - minutes of Wandle LCG meeting and BCB minutes).

Further to the introduction of the Pathfinder programme for Commissioning Consortium, each Local Commissioning Group has considered and approved an application being submitted on behalf of the Wandsworth Consortium with an intended start date of 1st April 2011. (see appendices 4 & 5 as example of LCG approval and BCB minutes to proceed to pathfinder application)

A borough-wide meeting for the GP community took place on 20th January 2011, hosted by the Local Medical Committee, the PEC Chair, and the GP leaders of the Local Commissioning Group. The intention to work towards a borough consortium with three strong localities, and to submit a formal application for Pathfinder status, was endorsed.

1	GP-Surgery	Balham Health Centre	2	GP-Surgery	Balham Park Surgery
3	GP-Surgery	Balmuir Gardens Surgery	4	GP-Surgery	Battersea Fields Practice
5	GP-Surgery	Battersea Rise Group Practice	6	GP-Surgery	Bedford Hill Family Practice
7	GP-Surgery	Bickersteth Road Surgery	8	GP-Surgery	Bridge Lane Health Centre
9	GP-Surgery	Brocklebank Group Practice	10	GP-Surgery	Chartfield Surgery
11	GP-Surgery	Chatfield Medical Centre	12	GP-Surgery	Claudia Place Surgery
13	GP-Surgery	Dr Freeman and Partners	14	GP-Surgery	Dr Nicholas & Partners
15	GP-Surgery	Earlsfield Practice	16	GP-Surgery	Elborough Street Surgery
17	GP-Surgery	Furzedown Primary Care Centre	18	GP-Surgery	Granville Road Surgery
19	GP-Surgery	Inner Park Road Practice	20	GP-Surgery	Lavender Hill Group Practice
21	GP-Surgery	Lavender Hill Surgery	22	GP-Surgery	Northcote Road Surgery
23	GP-Surgery	Open Door Surgery	24	GP-Surgery	Queenstown Road Medical Practice
25	GP-Surgery	Sai Medical Centre	26	GP-Surgery	Southfields Group Practice
27	GP-Surgery	St Johns Hill Practice	28	GP-Surgery	St Pauls Cottage Surgery
29	GP-Surgery	Streatham Park Surgery	30	GP-Surgery	The Alton Practice
31	GP-Surgery	The Danbury Avenue Surgery	32	GP-Surgery	The Falcon Road Medical Practice
33	GP-Surgery	The Greyswood Practice	34	GP-Surgery	The Heathbridge Practice
35	GP-Surgery	The Heritage Medical Centre	36	GP-Surgery	The Mayfield Surgery
37	GP-Surgery	The Putney Surgery	38	GP-Surgery	The Putneymead Medical Centre
39	GP-Surgery	The Roehampton Surgery	40	GP-Surgery	The Surgery
41	GP-Surgery	Thurleigh Road Practice	42	GP-Surgery	Tooting Bec Surgery
43	GP-Surgery	Triangle Surgery	44	GP-Surgery	Tudor Lodge Health Centre
45	GP-Surgery	Wandsworth Medical Centre	46	GP-Surgery	Waterfall House

A vision for the consortium

During 2010, the three Local Commissioning Groups have each undertaken a comprehensive health needs assessment of their local communities, agreed a vision to improve local health and associated services, and produced detailed action plans for the development and delivery of services in Polysystems, covering all areas of the borough.

These plans (see summary of initiatives – appendix 6) provide the basis of the strategic vision and commissioning intentions of the Wandsworth Consortium.

Whilst developing our vision we have taken into account key areas of need for our local population.

We also know that we can improve the health and experience of our patients by focussing on reducing unnecessary emergency admissions and supporting patients to better manage their long-term conditions.

The key principles of our vision are to:

- Commission services for local people to address inequalities and improve health outcomes
- Put patients at the heart of decision-making at every level of the commissioning process, and commit to improving the patient experience
- Establish a collaborative, clinically-led approach to commissioning services
- Build capacity in primary care for effective commissioning, and support improvements in quality amongst the constituent practices
- Maintain the strong financial performance achieved by the PCT (which has been in a breakeven position or surplus since 2006-7)
- Ensure value for money and improve the use of resources through the design and delivery of QIPP local initiatives, including managing demand and decommissioning poorly-performing or low-value services where necessary
- Secure year on year improvements in the performance of local services against national, London and local performance targets and Key Performance Indicators
- Work closely with the London Borough of Wandsworth in areas such as public health, and services for adults and children to improve joint commissioning, integrate services and reduce organisational barriers
- Work closely with acute trusts, community services and other providers to

streamline and improve care pathways, whilst enabling more care to take place in the community by managing demand and preventing acute admissions
- Work closely with other consortia across the sector to ensure effective joint approaches to commissioning and to share resources where appropriate
- Develop and support our workforce

The Consortium intends to undertake further work to distill and validate the vision and commissioning intentions reflected in the local plans into a single vision statement and organisational goals for the Consortium as part of Organisational Development work in the first 3 months of Pathfinder status.

A plan for how the consortium will work with its constituent GP practices

The active participation of all 46 Wandsworth GP practices in the commissioning work, governance and decision-making processes of the Consortium is recognised as vitally important.

At the commencement of Pathfinder status, we intend to maintain and build upon the strong existing joint working and governance arrangements in the three Local Commissioning Groups. Each practice will be a member of the Consortium through their continued participation in a Local Commissioning Group. We recognise that Wandsworth is a large and diverse borough, and continuing to build clinical commissioning through this structure provides us with the best opportunity to ensure that we maximise clinical engagement and embed a local focus in our plans.

Terms of reference are already in place for the Local Commissioning Groups based on earlier Practice Based Commissioning arrangements (see appendix 7 – example of locality group Terms of Reference). These will be reviewed and refreshed, in agreement with the constituent practices, prior to Pathfinder status commencing in April 2011. Each Local Commissioning Group will be chaired by a GP and, in addition to representation from each local practice, will include representation from nursing, pharmacy and other AHP. The commitment established by PBC that patients and the public will be involved in local commissioning groups will also be continued.

Each Local Commissioning Group will meet monthly which will act as the main route for disseminating information, securing engagement, and supporting decision making at a local level within the Consortium. Local Commissioning Groups will manage individual programmes, such as service redesign, demand management or other QIPP initiatives, and they will have a role in improving the performance of their constituent practices (whilst recognising that the national Commissioning Board will be responsible for Primary Care Contracting). Finally, Local Commissioning Groups will be required to lead on specific work areas on behalf of the whole Consortium, such as developing specific service redesign initiatives, or leading on developing relationships with a major provider. In this way, GP practices will get directly involved in different stages of the commissioning cycle, and we will build capacity for commissioning within primary care.

The Borough Pathfinder Commissioning Consortium will be developed and led by a Consortium Management Team. During the transition period leading to the abolition of the PCT and the full establishment of a Commissioning Consortium, it is intended that the Consortium Management Team will comprise local clinical leaders (Consortium clinical lead, the clinical lead of each Local Commissioning Group, PEC Chair and Associate Medical Director), together with the Borough Managing Director, Director of Public Health, and senior managers providing commissioning support functions within

the PCT borough structure (see proposed transitional structure – appendix 8). In recognition of the move towards clinically led commissioning, the Consortium Management Team will have a majority clinical membership and will be chaired by the Consortium Clinical Lead.

Each Local Commissioning Group will be represented on the Consortium Management Team through a clinical lead who will be responsible for representing the views and priorities of both clinicians and patients from their locality within the wider Consortium. The Consortium Management Team will be the main operational management group of the Consortium, responsible for delivering our financial, performance and developmental objectives.

Once a month, a Clinical Executive Committee will meet to lead and consider strategic commissioning issues within the borough. The Clinical Executive Committee will be a formal sub-committee of the (joint) PCT Board (during the transitional period) and will include a wider membership than the Consortium Management Team, including other clinical representatives, colleagues from the London Borough of Wandsworth, the LINk representative, and provider organisations where relevant. The Clinical Executive Committee will be chaired by the PEC Chair.

In addition to the regular cycle of meetings and engagement initiatives described above, we are considering the feasibility of holding a bi-annual development day, where all GP practices and associated stakeholders come together to contribute to strategic planning and the on-going development of the Consortium within the borough.

As part of the early organisational development of the Pathfinder Consortium, we also intend to prepare and implement a communications and engagement plan, to ensure that we are as effective as possible in the delivery of timely and appropriate communications to each of the practices in the Consortium, and readily accessible for feedback.

Agreement from the consortium to work within current legislation and operating plans

The Wandsworth Consortium recognises and embraces our responsibility to work within current legislation and operating plans in order to maintain financial and performance grip, and robust governance. We are conscious of the need to ensure business continuity and the sustainability of the local health economy during this period of change.

During the transitional phase, we will work closely with the PCT Board, Accountable Officer (Sector CEO), SWL Sector and Wandsworth Borough teams to ensure that all statutory obligations are met. Ensuring safe governance and the delivery of legal responsibilities has been a key consideration in the development of our local plans and structures. Whilst the Consortium develops, we recognise the devolved responsibility from the Sector CEO to the Borough Managing Director for local service delivery and performance, and we will actively and constructively work with the Borough Managing Director in the achievement of his/her responsibilities.

We are committed to our responsibility to maintain recurrent financial balance to meet statutory financial duties to keep expenditure within our delegated resource limit. We will work with the Borough and Sector finance teams to ensure we deliver a planned surplus of 1% and hold 2% of our resource for transformational and risk management funds (in line with the Operating Framework). We will also meet our other statutory duties which

are to stay within our Capital and Cash Resource Limits.

The Consortium, through the Local Commissioning Groups, has contributed to the PCT led efficiency programme and operating plan in 2010/11 and is actively involved in the development of the QIPP and local Operating plan for 2011/12. Clinical representatives from the Consortium are core members of the newly established Health and Wellbeing Board which will lead the statutory Joint Strategic Needs Assessment. In this way we are ensuring a full commitment to delivery of our key principles.

A proposed process for decision making within the consortium, including identification of who will hold accountability within the consortium

The two decision making groups within the Pathfinder Consortium model proposed are:

- Local Commissioning Group Boards
- Consortium Management Team

Local Commissioning Group Boards

As outlined in a previous section, we have an existing network of three Local Commissioning Groups with comprehensive coverage of all 46 practices within the Borough. Each Local Commissioning Group Board has well established terms of reference and other processes that support decision making at a local level. In the main, each Local Commissioning Group Board seeks to achieve consensus in decision-making, but in the absence of agreement may proceed to a majority vote decision based on one vote per constituent practice.

Each Locality Commissioning Group has an appointed clinical lead who will represent the views and decisions of the Locality at the Consortium Management Team.

Consortium Management Team

The overall strategic direction, organisational development and performance of the Consortium will be led by the Consortium Management Team.

Initially, during the transition phase, the Consortium Management Team will actively support and enable the achievement of Borough/PCT service development objectives and performance goals, working in close collaboration with the Borough Managing Director and commissioning team, fully taking into account the views and priorities of each Locality. As the Pathfinder Consortium develops and takes on delegated responsibilities for defined areas of service commissioning, finance and performance management, the Consortium Management Team will become the central decision making Executive group of the Consortium. Terms of Reference for the Consortium Management Team, to include voting conditions, will be developed prior to the launch of the Pathfinder in April 2011.

As part of the organisational development of the Consortium, it is intended to appoint a Consortium Clinical Lead (GP) in the early period of Pathfinder status. In the period prior to this appointment, robust clinical leadership is being provided across the Consortium activities through the three Locality Commissioning Group clinical leads, the PEC Chair

and the Medical Director. As the Consortium moves towards accepting delegated responsibility for agreed commissioning functions or services, the appointment of a Senior Officer for the Pathfinder Consortium will be kept under regular review. In the future, as a full statutory body, it would be the strategic intention of the Consortium to have a clinician as the Accountable Officer. We are however mindful that in the transitional period to 2013, as commissioning responsibilities, resources and governance requirements progressively migrate, that the Borough Managing Director or similar senior management appointment may offer a more appropriate interim option as the Senior Officer responsible for delegated functions.
A plan for engaging with clinicians and other Allied Health Professionals on joint working
We recognise that in order to become a successful commissioning organisation, we will need to build strong and effective links with the widest range of health and social care professionals to ensure that we have access to appropriate clinical skills, knowledge and experience in supporting the design and delivery of effective and high quality services for local people. We are committed to ensuring that other clinicians/practitioners play a direct role alongside our constituent GPs in the work of the Consortium. In many area the relationships and structures already exist to support this approach. Where there are gaps, we will develop a comprehensive engagement plan by April 2011 to ensure that effective plans are in place. We have identified GP leads to take forward this initiative through key areas of clinical engagement (e.g. LMC, Local Commissioning Groups and the PEC). **Primary Care Providers and clinicians:** Recognising the key role they play in the local health economy, we plan to involve other primary care providers such as pharmacists, optometrists and dentists in the design and delivery of local services. There is currently AHP representation on the Wandsworth PEC, which is expected to evolve into the Clinical Commissioning Executive. We are currently reviewing these structures to ensure that the right level of engagement and representation continues at this level. In order to support our Locality focus, we will continue to have AHP representation at Local Commissioning Group Boards. Each Locality clinical lead will be responsible for taking into account the views of AHPs at this level. **LMC:** We have been working very closely with the LMC in developing our Consortium proposals. As a signal of the joint approach we have built, the LMC hosted a Consortium development event held with all Wandsworth GPs on 20th January (see agenda, appendix 9). Moreover, we have identified a GP lead for the LMC (Sian Job) who will continue to liaise between the LMC and the Consortium and will directly contribute to the preparation of the proposed Clinical Engagement Plan by April 2011. **Secondary Care and Mental Health Trusts:** A number of relevant groups exist which are based around specific pathways or disease areas (e.g. COPD Project Group, Diabetic Retinopathy Screening Board, Urgent Care Network) where clinicians and commissioners from primary and secondary care work together. We are committed to

extending these opportunities for joint working as appropriate, as we are clear that the expertise of our colleagues is vital to effective service design and commissioning. The engagement plan will ensure that these are taken into account to enable communication to continue.

Community Services: Clinical leads are currently working very closely with staff in the community as part of Transforming Community Services to redesign pathways and develop improved models of service provision. We recognise that close working with community services will be needed in order to deliver the QIPP challenge and we are committed to continue building our relationship.

Local Authority engagement:

A joint statement of intent for developing partnership working with Local Authorities

Partnership working between the London Borough of Wandsworth, and clinical and commissioning leads from NHS Wandsworth, has been in place for several years. Stronger integration has become an even greater priority. The benefits of this are clear: it provides the opportunity to further improve outcomes and to streamline services and reduce duplication, thus improving the patient experience.

We have established many strong structures and processes which we can build on. For the Consortium, the direct participation of adult and children services representatives from the Local Authority into each Local Commissioning Group over the last twelve months has been a significant step forward in cementing collaborative working arrangements.

Other Partnership arrangements and joint commissioning arrangements that are already in existence include:

a) The Joint Commissioning Executive, a CEO and executive director level meeting between the Council, NHS Wandsworth, and local GP leaders providing oversight of the strategic direction for joint commissioning.
b) Children's Trust arrangements are led by Wandsworth Council with full engagement of NHS Wandsworth officers and a lead Non Executive Director.
c) The Drug and Alcohol Action Team, chaired by the Council's Chief Executive. There are integrated governance arrangements across all partner agencies, with the commissioning team for adult substance misuse services based in NHS Wandsworth
d) Client-group specific planning groups and partnership board around Mental Health, Learning Disabilities, Older People and Long-term conditions.
e) A number of Section 75 lead commissioning and pooled budget arrangements are in place, covering mental health, services for people with learning disabilities, the Wandsworth Integrated Community Equipment Service, and alcohol day services
f) The Council is represented at Director Level at NHS Wandsworth's Professional Executive Committee and Borough Commissioning Board and is involved in a number of service specific groups such as the Urgent Care Network
g) The Council's Adult Social Services and Children's Services Departments have been involved in the development of polysystems and associated Local Clinical Commissioning Groups

We have also shared a Joint Director of Public Health since 2009 to further cement close working. A joint approach to public health issues has led to encouraging improvements in immunisation, obesity and teenage pregnancy. Plans are being developed to create a public health office in the Council in the next few weeks, as we recognise that co-locating public health professionals with the council is a key stage in integration. At the same time, an element of public health expertise will continue to be embedded in locality groups to support the focus on local communities

This track record provides a strong basis for future effective working.

We have already made positive, early progress with the establishment of a Health & Wellbeing Board in partnership with the Local Authority and PCT. (See next section). The Health and Wellbeing Board will be the core body responsible for assessing the needs of the local population, promoting integration and supporting joint commissioning.

The London Borough of Wandsworth has indicated their full endorsement for the Consortium application for 'pathfinder' status (letter of support - appendix 10) and we look forward to continuing our positive working relationship.

Consideration for how to participate in the development and shaping of local Health and Wellbeing Boards

The Consortium, Wandsworth Borough Council and the PCT have made positive early progress with the establishment of a Health & Well-Being Board (HWBB) in Wandsworth. We jointly aspire to apply for Pathfinder status as a HWBB when the process for this is formally announced.

Two 'shadow' meetings of the core membership of the HWBB were held in October and December 2010, each with the active engagement of local GP leaders. Through these discussions, the objectives, structures and support requirements of the Wandsworth HWBB have been identified. The following proposals were ratified by the Health & Social Services Overview and Scrutiny Committee of the Local Authority on 10th January 2011.

The work programme of the HWBB will be delivered through three levels of engagement:

The Executive Group. Membership of this group will comprise of the Council Chief Executive and the relevant Directors and Cabinet Members; PCT Chief Executive/Borough Managing Director, Chairman; Director of Public Health; and GP representatives from the Clinical Commissioning Executive and Local Commissioning Groups. This will be the group responsible for signing off strategic plans and joint financial arrangements. The Executive will work by consensus, and where formal sign-off is required it will be necessary to secure a shared agreement between Council, PCT and GP representatives. It is expected that the Executive of the HWBB will meet every two months.

The full partnership. In addition to the Executive, this will include other stakeholders such as the LINk, key voluntary organisations, and other healthcare professionals including pharmacists and dentists, as well as representatives of the main Provider bodies (the Mental Health Trust and the St George's Healthcare NHS Trust). This will meet approximately once every six months (perhaps more frequently in the first instance). Meetings will normally take a 'seminar' format and be designed to establish a

consensus on broad strategic issues. In the first instance, a meeting will be held on the revised Joint Strategic Needs Assessment, with a view to translating its findings into a shared vision statement.

The officer support group. In the first instance, this function is being performed by the existing Joint Commissioning Executive. The role will be to undertake progress-chasing and detailed work between executive meetings. It is suggested that the volume of work is such that, in the development phase, this group will need to meet monthly, with one meeting taking place around three weeks after the Executive Group, and another one to two weeks before the next Executive Group meeting.

A start-up plan setting out the responsibilities of the HWBB and key actions in the first 6 months (see appendix 11) has been agreed by all partners and demonstrates the Consortiums active participation and leadership in shaping the new arrangements for a HWBB in Wandsworth.

A plan for engaging other stakeholders (please list all relevant stakeholders)

The Consortium believes that the engagement of key stakeholders will be critical to our success. We have a solid basis through our existing Local Commissioning Groups and PCT initiatives of working with patients, the public and other stakeholders which we plan to build on and extend. As part of our organisational development priorities, we are currently developing a more formal engagement plan which will be in place by April 2011. We intend to identify a clinical lead to be the champion for stakeholder engagement to ensure that meaningful plans are developed and then implemented.

Patients and the Public

Engaging patient and public was considered as crucial to success of Practice Based Commissioning (PBC) and so structures already exist which we can build on. It was an explicit expectation of PBC that practices needed to consider all their stakeholders when making decisions around service redesign and was mandated as part of the PBC LES / incentive scheme. Many successful examples of patient and public involvement arose from this. For example, the Wandle locality has an active patient group and the Battersea locality Group has a lay member on their Locality Board. An interactive web-based Patient and Public Involvement Toolkit was developed and made available to practices to guide and support them in PPI.

As well as the work done on a locality basis, an extensive programme of communicating with the patients and the public was undertaken across Wandsworth. For example, the NHS Wandsworth PPI and communications teams presented at a number of patient groups as part of the 'Liberating the NHS' consultation and their feedback on the consultation questions was encouraged. Training was also provided to lay representatives on how to facilitate discussion on the White Paper with their own patient groups. Therefore our local community are up-to-date with the proposed changes to commissioning, the creation of GP consortia and the dissolution of the PCT.

This has been followed-up with discussion at the Lay Representatives Group about the decision to create one Wandsworth Consortium, the proposed structures for support PPI, and feedback has fed into the development of the proposals. In addition, the details of

the proposal were discussed at Balham Park Surgery Patient Liaison Group, who supported the proposal for borough based commissioning activities with strong localities.

Key decisions have also been discussed at Wandsworth PCT's public Board, and have been communicated to the public through the Wandsworth PCT website which will continue on an on-going basis.

The chair of the Wandsworth LINK is a key member of the Wandsworth Borough Commissioning Board (BCB) where the key decisions related to the Consortium development have been discussed and agreed. The BCB is also attended by the Lay Member of the PEC.

Lay and PPI membership will continue to be a requirement of the Locality Commissioning Groups. The Locality clinical lead will be required to represent patient and the public's views to the Clinical Executive Committee. We have also identified a management resource in the Borough commissioning team to support PPI on an on-going basis in recognition of the level of priority.

London Borough of Wandsworth: As discussed in previous sections, the London Borough of Wandsworth has been a key partner in the development of the Consortium proposal, and will continue to do so as plans develop. Structures exist through the Health and Wellbeing Board, the Overview and Scrutiny Committee, the Joint Commissioning Executive and the Clinical Executive Committee which will enable continued meaningful partnership working.

Neighbouring Commissioning Consortium: Discussions about Consortia formation have taken place in a number of fora across the sector, such as the SWL clinical cabinet. The accountability framework, shared governance arrangements and shared functions have been agreed by all SWL PCTs. Examples already exist of close working between different PCT / consortium areas, for example the Queen Mary's Hospital Commissioning Board is jointly led by GPs from Wandsworth and Richmond and Twickenham (see ToR, appendix 12). The engagement plan will take into account the need to continue dialogue with neighbouring consortia, particularly in boundary areas. We will make contact with other consortia and pathfinders as they emerge to agree the best ways of continued partnership-working.

Provider organisations: Our intention to form one consortium in Wandsworth has been shared with senior colleagues at our main acute and community (St George's) and mental health provider (SW London and St George's NHS Trust) who have expressed their commitment to building productive working relationships with us. We will continue to share relevant information with them through regular joint dialogue and existing fora. Our plans to engage clinicians from provider organisations and other allied health professionals at a more operational level are described above.

Third Sector: There is currently strong third sector provision in certain health service areas, and we plan to continue to involve key providers in planning and delivery.

Ability to contribute to the delivery of the local QIPP agenda in the consortium's locality

Participation in the 2011/12 QIPP planning round at PCT and sector level, including developing and agreeing priorities for the local population

The Wandsworth Consortium is committed to contributing to the design and delivery of the relevant elements of the SWL QIPP plan. We recognise that Wandsworth will not be able to deliver the required significant cost-savings (estimated to be £7.5 million for 2011/12) without GP leadership and engagement.

GPs were involved at the earliest stages of QIPP plan development with clinical resources involved in internal working groups, strategic planning teams and sector wide workshops. The process for developing the Wandsworth elements of the plan began in 2009/10, where the PCT efficiency plan was presented to Locality groups, the Borough Commissioning Board and the Professional Executive Committee in order to get clinical input and engagement in the savings challenge.

This has been further developed in 2010/11 as each Locality has developed their own commissioning plan, based on the requirements highlighted by the Joint Strategic Needs Assessment. Each plan includes specific programmes which relate to QIPP and the GPs which make-up the locality groups have been actively involved in developing the proposals.

Through local planning processes, each Local Commissioning Group has identified their own priorities, and a number of over arching themes have also been developed, including shifting care from secondary care, urgent care, and mental health services. Other elements were derived as the result of a robust sector strategy that includes joined up working with other PCTs to define and implement best practices across the sector. Clinical resources have been included in the development of these focus areas and further participation is expected as the organisational structures evolve. The final SWL Sector QIPP plan (incorporating the Wandsworth plan) will be approved by the Borough Commissioning Board, PEC and Trust Board.

Some of the most significant elements of the QIPP plan are identified as key priorities for the Consortium (such as polysystems shift of care, referral management schemes and managing complex patients) and these have been developed with GP leadership:

Shift of Care:

Detailed plans are in place to enable a significant shift of care from acute to the community through the development of polysystems. This has been identified as a priority area by GP Clinical Leads and their constituent practices because of the potential this brings to improve the patient experience, develop primary care, and provide more cost-effective services. In discussion with GP Clinical and commissioning leads, we have identified the following sixteen outpatient services with the highest referral volumes as priorities for shift of care work:

- Trauma & Orthopaedics
- Ear Nose & Throat

- Ophthalmology
- Oral Surgery
- Diabetic Medicine
- Dermatology
- Rheumatology
- Gynaecology
- Cardiology
- Paediatrics
- Respiratory medicine
- Gastroenterology
- Diabetic medicine
- Endocrinology
- Urology
- General Surgery

The Outpatient Shift of Care workstream will be delivered by GP Federal Provider Groups and through direct price negotiations with acute services. Clinical Leads through the Shift of Care sub-group of the Borough Commissioning Board (BCB) have been overseeing the development of service specifications and clinical pathways for the outpatient services to be shifted from acute providers. GPs have also been directly involved in negotiating clinical pathways and service redesign with acute providers such as the Ophthalmology pathways for Glaucoma, Cataract which will be delivered from one of our Community sites in February by Moorfield's hospital at a lower locally reduced tariff.

Community dermatology services, which will be delivered by GP Provider Federations, will be going live on the 4 April 2011. It is anticipated that Gynaecology, Paediatrics and Trauma and Orthopaedics services will start at the beginning of quarter 2 in 2011/12.

Referral Management

Clinical leads have identified referral management as one of the main areas in which GPs could contribute to the QIPP challenge. A project has been set up to explore options around implementing a Referral Management Centre. GPs and PCT staff have visited referral management centres and reviewed the potential benefits as well as the challenges. Presentations and discussions have been held at the Borough Commissioning Board which is attended by all Locality Clinical Leads and the Medical Directors, and GP input has been incorporated into the overall approach. Clinical leads are currently reviewing potential options and discussing these with individual practices at Locality level to ensure full engagement and involvement. If and when agreement to use a referral management centre is reached, a working group consisting of GPs, Clinical Leads and PCT staff will be created to progress the project and to produce a detailed implementation plan.

Virtual Ward / reducing emergency admissions

A virtual ward programme has been developed in Wandsworth as a result of GP/PCT collaboration. GPs were asked to consider how they might reduce hospital admissions through working closely with Community Nursing Services and devised the virtual ward which employs additional GPs, embedded into community nursing. Throughout the

process GP leaders have been an integral part in driving forward the initiative. Recently, GP leaders have utilised their virtual ward experience and worked with commissioners to develop a service specification and improvement framework for community nursing as a whole to further improve our joint efforts to reduce admissions via a whole-systems approach.

Operating Plan

Our QIPP plan is also tied very closely to our Operating Plan. Clinical leads have been actively involved in developing and agreeing key actions and trajectories so that the Consortium will fully own the delivery of the plan. Actions to improve performance in key areas such as childhood immunisations, breastfeeding and smoking quitters have been discussed throughout the year at the Professional Executive Committee and progress is reported at the Borough Commissioning Board, therefore there is a high level of understanding and commitment amongst GPs to improving key indicators of quality and productivity.

Local ownership of meeting the QIPP challenge

The focus on ensuring strong GP involvement in QIPP planning has meant that there is local commitment to delivery. Each Local Commissioning Group has developed their own detailed delivery plan (in support of their commissioning plans) which includes specific milestones for how elements of QIPP will be delivered. To consolidate ownership, a GP engagement event was held on 20th January where all GPs were invited to discuss the upcoming challenges and priorities, including QIPP. Following the final agreement of the QIPP plan, this will be a regular item for discussion at the Consortium management Team and the Wandsworth Clinical Commissioning Executive, where progress and risks will be highlighted. One of the Clinical leads will be identified as the lead for each major QIPP workstream, and part of this role will be to ensure continuing GP engagement with QIPP. In general, the Locality Clinical leads will be responsible for disseminating any relevant information back to their constituent GP practices.

The PCT has a strong history of maintaining financial control. This has partly been achieved through close working with GPs and PBC groups, and a number of successful projects were developed to increase productivity as part of PBC which are still in existence. For example, PBC groups successfully worked together to extend diagnostic capacity in primary care, reducing the need for acute referrals, and an urgent care project was undertaken to audit A&E attendances which resulted in each cluster producing an action plan for how to reduce unnecessary A&E attendances.

Building on this successful history, there is a clear recognition amongst primary care clinicians of the scale of the financial challenge and the central role the Consortium will play in delivering savings and cost-effectiveness.

Pathfinder Phase – Some delegated responsibilities:

For applications to take on some delegated responsibilities from April 2011 please provide evidence against the criteria listed in the table below.

Some delegated responsibilities:

Clearly defined outcomes for the activities the consortium wishes to take delegated responsibility for

As we progress through the Pathfinder programme it is our intention to incrementally take on delegated responsibilities during 2011/12.
 	
From April 2011, we propose to take delegated responsibility for the management of the following resources:
 	
• Prescribing (c. £36m)
• A&E attendances (c. £10m)
• Emergency Admissions (c. £59m)
• Outpatients (£61m)
• Community Services (c. £40m)
 	
Under Practice Based Commissioning, the Consortium has already had experience of managing prescribing, A&E, outpatients and emergency admissions. The Consortium will performance manage the spend on the above budgets within our standard month end reports, plus additional monitoring based on Secondary Uses Service (SUS) data.
 	
As an example, from April 2011, we propose to take delegated responsibility for the management of prescribing resources. This has been identified as a priority because:
• Prescribing involves all practices within the Consortium and offers significant scope to actively engage practices in the commissioning process and the new responsibilities of the Consortium
• The management of available resources is directly impacted by the members of the Consortium
• There is significant scope for practices to contribute to further innovation and efficiencies in prescribing to contribute towards QIPP
• There exists a strong local network of prescribing advisors working in practices and through the Local Commissioning Groups
• Prescribing offers a defined and realistic service area in which to test new delegated responsibilities for the Consortium.
 	
The expected outcomes would be:
 	
• Full engagement of all practices in the prescribing programme
• Establishment of benchmark performance measures and peer review processes between practices through:
  o a prescribing scorecard,
  o monthly monitoring of prescribing expenditure and quality by comparison with London or national indicators and ePACT
• Maintain or improve on prescribing savings patterns exhibited in previous years, linked to QIPP programmes. This will equate to a 1.5% per annum saving (£525k per annum recurrently). QIPP savings are planned to be £400,000 in 2011/12.
• Consistent identification and spread of innovation and best practice in prescribing in line with national or local guidance

It would be the intention of the Consortium to move towards the formal delegation of responsibilities for further service areas by October 2011. Detailed proposals need to be prepared as part of our initial organisational development work, however, it is envisaged that Mental Health Services (c.£66m) will be early priorities for the Consortium, working in close collaboration with other consortia across South West London.

We aspire to hold full delegated responsibilities by 1st April 2012.

A plan for how the consortium will achieve the specified outcomes, including how they will manage the risks (specifically financial risk) associated with them

A Consortium Operating Plan for 2011/12 will be prepared in the period to the launch of Pathfinder status on 1st April 2011. This will include details of how the objectives of the Consortium are to be achieved in practice and the identification and mitigation of risks through the preparation of a risk register.

For prescribing, as an early priority for delegated responsibility from April 2011, robust prescribing support and advice processes and resources are already deployed within practices and the Local Commissioning Groups. We need to ensure that this infrastructure and support is clearly aligned into the management structure of the Consortium and that clinical leaders have full opportunity to secure innovation, formulary compliance and financial control across the practices in the Consortium.

A plan for the performance management of activities they wish to take delegated responsibility for

A plan for performance management activities by the Consortium will be included in the Operating plan for 2011/12 (by April 2011). It is anticipated that the performance plan will be developed around a balanced scorecard approach that takes account of:

- Financial performance – retaining financial control and delivering our responsibilities as set out in the NHS Operating Framework
- Delivering QIPP commitments (all components)
- Delivering national, London or local performance targets and KPI's
- Ensuring services are safe and of good quality for patients

A plan for how the consortium will access the commissioning support it needs to deliver any delegated responsibilities it may take on

From April 2011, the Consortium intends to access the majority of commissioning support services required from the Borough/PCT commissioning team and SWL sector.

The Borough/PCT transitional structure has been developed in close collaboration with the leaders of the Consortium. The design of the transitional structure provides for commissioning, service redesign, public health, prescribing advice and administrative support to be deployed directly into each of the three localities within the Consortium. These resources together with the existing clinical leadership capacity within the Local Commissioning Groups, provides a strong platform from which the Pathfinder Consortium will be able to discharge its responsibilities.

The Consortium further intends to utilise a proportion of the Consortium development funding (outlined in the NHS Operating Framework) to secure organisational development support at Borough and locality levels. A transitional post of Head of Consortium Development is expected to be recruited by March 2011.
Established governance structures for managing delegated responsibilities, including how the consortium reports to the PCT Board in order to meet current statutory requirements
The Governance of the Consortium will be discharged through the Locality Commissioning Group Boards and the Consortium Management Team, as described in earlier sections. The Consortium will work with the SWL Chief Executive and the Wandsworth Borough Managing Director to fully implement such governance arrangements in relation to reporting to the PCT Board as are agreed for the SWL sector.

Pathfinder Phase – All delegated responsibilities:

For applications to take on all delegated responsibilities from April 2011 please provide evidence against the criteria listed in the table below.

All delegated responsibilities:

A draft constitution that sets out how the consortium will deliver its roles and responsibilities
It is not the intention of the Wandsworth Consortium to take on all delegated responsibilities from April 2011. As part of the organisation development of the Consortium in the first 6 months of Pathfinder status, we do envisage that a route-map will be defined and agreed that sets out the incremental steps towards full delegated responsibilities.
A plan for how the consortium will discharge its delegated commissioning responsibilities and ensure that the PCT can discharge any relevant statutory obligations it has
A plan outlining the finances for the consortium, including how it will approach financial risk and any potential actions to remedy overspend
Having the explicit support of the relevant PCT and Local Authority in assuming delegated responsibilities
A plan for how the consortium will access the commissioning support it needs to support it in delivering all delegated responsibilities
A plan for how the consortium will work with the Local Authority in commissioning for the local population, including the development of the JSNA and participating in the Health and Wellbeing Board

Supporting information:

In order to assist NHS London in its support for GP consortia some additional information would be helpful when applying to become a pathfinder. The optional questions outlined below are not a required part of the applications, but answers to them would be welcomed with all applications.

Optional questions:

What delegated commissioning responsibilities do the GP practices within the consortium currently hold (e.g. existing Practice Based Commissioning arrangements), and how effective these have been?
What services and / or functions is the consortium looking to take on delegated responsibility for in the next stage of being a pathfinder, and when would it like to take them on?
What are the main areas for development for the consortium, including any key issues that need to be resolved?
What forms of engagement and learning are most preferred by the consortium and its constituent GP practices?

Additional comments:

Please provide any additional comments:
Please provide any other relevant information:

LIST OF APPENDICES

1. Minutes of Wandle locality meeting (where decision to form consortium was discussed)
2. Minutes of BCB meeting (where options for consortia were discussed)
3. Minutes of BCB meeting (where decision to form one consortium was agreed)
4. Minutes of xxx locality meeting (where decision to apply for pathfinder was discussed)*
5. Minutes of BCB meeting (where decision to apply for pathfinder status was agreed)*
6. October Board summary paper of LCG initiatives
7. Terms of reference for xxx locality group*
8. Borough Transitional structure chart
9. Agenda for GP development day
10. Letter of support from Wandsworth Borough Council
11. Health and Wellbeing Board start-up plan*
12. Queen Mary Commissioning Board ToR