

# Selby and York

## Primary Care Trust

Our Ref: PJ/JED

17 May 2006

To: SYPCT GPs

Dear Colleague

### Chief Executive's Office

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### Commissioning effective, efficient and necessary pathways of care

You will be well aware that the four North Yorkshire and York PCTs face a severe financial challenge in the year 2006/07 which will require significant action to address.

The four PCTs have been jointly discussing a range of measures to address the cash shortfalls we face, and have agreed a common approach across North Yorkshire and York, to be implemented with immediate effect. The joint approach includes the flexibility for individual PCTs to address particular local issues as the implementation proceeds.

Full details of all the proposals are attached, and we also plan to develop more user-friendly documents on individual specialties. We would welcome views on how this is best addressed. These proposals will be regularly updated and comments can be sent to Jayne Dolling at Selby & York PCT (01904 724019 or email [jayne.dolling@sypct.nhs.uk](mailto:jayne.dolling@sypct.nhs.uk)). Jayne is acting on behalf of all four PCTs in this regard.

Historically, referrals and access to secondary care has been and continues to be significantly higher in some GP practices and some specialties than the national average. To achieve our obligations under the Department of Health's Operating Framework our referrals into acute care need to be at least in line with the national averages for each speciality, and where possible in the top 25% of all performers.

The North Yorkshire and York PCTs are committed to developing Practice Based Commissioning as a mechanism for ensuring finances which have been allocated to us are prioritised and used as effectively as possible to maximise the improvement in health and the management of illness.

A Directed Enhanced Service is being developed across North Yorkshire to achieve this. The four PCTs have agreed an approach which identifies activity and financial targets to be achieved by each PbC, and rewards for achieving the targets.

Clearly the DES alone will not release the savings necessary to bring PCT finances back into balance, and we want to work through PbC to develop further schemes which can help use resources more effectively. We will shortly propose to you and NYLMC a scheme to support you in this work.



In preparing for a single North Yorkshire and York PCT, it is apparent that existing PCTs have developed very different pathways of care. Work is going on to bring together best local and national practice to clarify expectations of primary care and introduce a more consistent approach to commissioning from hospital trusts.

It is also recognised that the challenge GP practices face this year, with the introduction of practice based commissioning and the requirements of the new GMS contract, is enormous. It is therefore necessary to put in place a system which supports GP Practices to help ensure that referrals into secondary care are consistent, underpinned by clinical governance arrangements and based on existing good practice and guidance.

Detailed guidance on how the process will work will be made available, but in summary:

- When a referral is not consistent with the PCT's commissioning arrangements, the referral will be returned to the practice. (It should be noted that referrals which **do** meet the necessary criteria will not be 'held up' by these performance monitoring and management arrangements)
- Enhanced service payments will not be made for procedures that are not in line with the PCT commissioning arrangements
- A local contact point to receive and manage exceptions (review of a patient's exceptional circumstances) and appeals is the Referrals Management Service. Our local contact is Jane Laverick on 01904 724028
- There are PALS and complaints services in place to support patients through this process and deal with individual grievances.

It is intended that these systems will be short term. In the future, there will be a shift away from the Referral Management Service to Practice Based Commissioners with respect to performance monitoring and management of referrals.

We recognise that these are very significant changes and the new arrangements will require careful monitoring and a detailed review in September 2006 to address how they are working. It is in the interests of the whole health community that these arrangements are introduced as smoothly as possible, and we value your comments and feedback as well as your support in making these new measures work effectively.

Yours sincerely



**Penny Jones**  
**Acting Chief Executive**

