

# Lambeth PBC Collaborative

## Terms of Reference

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NB. This document sits alongside any individual Consortium agreements already in existence; it provides a framework for the day to day operational running of the Lambeth PBC Collaborative (LPBCC); the Business Support Unit (BSU) and the 4 member Consortia must adhere to this in order to allow LPBCC to develop and implement PBC.

## 1. Lambeth PBC Collaborative (LPBCC)

The Lambeth Collaborative is a group of 4 like-minded Consortia (GHD, GPCG, SaCH & NLCG) with a common desire to drive forward Practice Based Commissioning within Lambeth.

### Aims & Principles

- A Collaborative of likeminded individuals and 4 Consortia, which improves the quality of Primary Care in Lambeth.
- To engage and involve all relevant Healthcare Professionals, and other associated groups, including where available patient/public, in the commissioning process through the Strategic Board and Business Support Unit.
- As a minimum, to achieve financial balance.
- To reinvest realised budget efficiency in improved services for patients to improve quality, access and choice for patients, within either prevention interventions and Primary or Secondary Care.
- To commission locally delivered high quality prevention intervention healthcare services, within the available resources on behalf of our patient population.
- To provide, where appropriate, high quality training to improve the skill sets within the Collaborative in order to improve existing services, and develop new services, for patients.
- To performance monitor member Consortium and Practices in terms of activity, finance and target achievement, in accordance with the objectives and provisions mapped out in the PBC Business Plan.
- Clinicians in Primary Care, working closely with patients, and the other partners across Lambeth, will develop the commissioning agenda to produce a bottom up approach.
- **Ultimately, LPBCC will protect and grow Primary Care**

The Collaborative will work closely with and through a Business Support Unit (BSU) whose role and purpose is outlined below.

Additionally, Members Consortia and their constituent Member Practices should be aware that:

- ❖ Lambeth PBC Collaborative is an overarching organisation representing all four local consortia across **common** areas (NHS Lambeth as the PCT can only commission/contract one pathway per speciality with providers). Their work is underpinned by the individual Consortia who are equally represented on the Lambeth PBC Collaborative Strategic Board, through two representatives from each of the 4 Consortia (GHD, GPCG, SaCH & NLCG).
- ❖ NHS Lambeth will in future work through the Lambeth PBCC, for all PBC matters meaning LPBCC will work as one voice, and contact point, for PBC Consortia in Lambeth.

## 2. Accountability

<b>Lambeth PBC Collaborative &amp; Business Support Unit Accountability to NHS Lambeth</b>	<b>Consortium Accountability to the Lambeth PBC Collaborative</b>
<p>The Lambeth PBC Collaborative and Business Support Unit are accountable to NHS Lambeth as outlined below.</p> <ul style="list-style-type: none"> <li>➤ To achieve as a minimum, financial balance</li> <li>➤ To ensure the Collaborative and Consortia have appropriate governance arrangements in place which cover areas including               <ul style="list-style-type: none"> <li>○ Use of freed up resources</li> <li>○ Adherence to new pathways/protocols</li> <li>○ Performance monitoring arrangements</li> <li>○ Attendance/involvement in Collaborative and Consortia business</li> </ul> </li> <li>➤ To develop and submit an annual Collaborative Commissioning Intentions Plan (PBC Plan), which incorporates NHS Lambeth priorities and address health inequalities, and PBC business cases</li> <li>➤ To deliver agreed outcomes and objectives as outlined in the PBC Plan (note: Outcomes and objectives need to demonstrate alignment to NHS Lambeth priorities as outlined in the NHS Lambeth Commissioning Strategy Plan)</li> <li>➤ To manage, monitor and report on budget and activity at Consortia and Practice level</li> <li>➤ To ensure representation at the Practice Led Steering Group, Commissioning Strategy Group, prioritisation workshops and agreed priorities care pathway redesign work and audit of acute activity e.g. new to follow-up ratios and consultant-to-consultant referrals</li> <li>➤ To share best practice and monitor participation and performance in PBC including data analysis</li> <li>➤ To ensure that meaningful engagement of patients and the public in determining priorities occurs, informing care pathway redesign and monitoring quality</li> <li>➤ To enable maximum PBC participation which may include working with non-participant practices</li> </ul>	<p>The Lambeth PBC Collaborative and Business Support Unit will hold the member Consortia accountable as outlined below.</p> <ul style="list-style-type: none"> <li>➤ To ensure each member Consortium has appropriate governance arrangements in place which cover areas including               <ul style="list-style-type: none"> <li>○ Use of freed up resources</li> <li>○ Adherence to new pathways/protocols</li> <li>○ Performance monitoring arrangements</li> <li>○ Attendance/involvement in Collaborative business</li> </ul> </li> <li>➤ To ensure member Consortia deliver agreed outcomes and objectives as outlined in the Collaborative PBC Plan (note: Outcomes and objectives need to demonstrate alignment to NHS Lambeth priorities as outlined in the NHS Lambeth Commissioning Strategy Plan)</li> <li>➤ To ensure member Consortia manage, monitor and report on budget and activity at Consortium and Practice level</li> <li>➤ To ensure that member Consortia prepare a consistent/standard financial report monthly to enable payment for work undertaken to be paid by the Collaborative Limited Company (SaCH prior to this being set up)</li> <li>➤ To ensure member Consortia ensure representation and membership at the Collaborative Strategic Board</li> <li>➤ To ensure member Consortia share best practice and monitor participation and performance in PBC including data analysis</li> </ul> <p>The Collaborative will be responsible for managing and monitoring the performance of each member Consortium and will undertake an annual review of the performance of each Consortium at the end of each financial year.</p>

### 3. Lambeth PBC Collaborative and Individual Consortia

#### (a) Decision Making Responsibility and Accountability

Individual consortia can make decisions on any matter which **does not** require:

- i. Lambeth Strategic Board support for implementation
- ii. NHS Lambeth support for implementation
- iii. Wider engagement of stakeholders, external to the consortium
- iv. Hospital input, or affect their contracts
- v. Any other providers, or affect their contracts
- vi. Money for implementation

Where the decision being made impacts any of the above the consortium **must** refer the matter to the LPBCC Strategic Board for approval. This includes ideas for pilots within individual consortia.

Failure to do this will mean a consortium risk spending money they do not have access to, rendering the individual consortium responsible for any expense incurred.

#### (b) Entry and Exit Strategy for Individual Consortia and Member Practices

- Any individual consortium may leave Lambeth PBC Consortium at the end of the financial year. To do this requires 3 months written notice to the Chair of the LPBCC Strategic Board.
- This time allows both LPBCC and NHS Lambeth to arrange the transfer of budgets, resources and incentive payments for the start of the new financial year.
- Each Consortium has rules for both entry and exit from the consortium; these must be rigorously implemented at all times in order to ensure LPBCC has time to plan ahead and arrange the transfer of budgets and resources in the event that a Practice wishes to change consortium. **It should; however, be noted by Practices that the workload is identical in each consortium.**

#### (c) Lambeth PBC Collaborative Strategic Board

##### ❖ Role and Responsibilities

The Strategic Board is responsible for setting and mandating the overall strategy of the Lambeth PBC Collaborative; this will involve:

- Clear accountability to NHS Lambeth for PBC within Lambeth
- Setting the direction of travel and making decisions related to PBC across Lambeth
- Agreeing and setting Commissioning priorities for PBC across Lambeth
- Ongoing monitoring of the delivery of any agreed plan/objectives for the Collaborative
- Holding the Business Support Unit accountable for PBC implementation and project delivery (including both finance and activity)

- Holding *each* Consortium accountable for implementation of the agreed PBC plan
- Provision of support for member practices via the Business Support Unit
- Demonstrating leadership within primary care for PBC-both at the Collaborative level, at the Consortium level and at Member practice level
- Liaising effectively with all key stakeholders across NHS Lambeth, secondary care and other allied groups
- Monitoring of commissioning decisions in line with service specifications (related to contracts monitoring)
- Working in partnership with NHS Lambeth to understand and analyse local needs in order to commission on the basis of need and outcome (this may involve Patient and Public consultation as required and relevant)
- Having responsibility for managing and deploying budgets as appropriate and relevant
- Being responsible for Human Resources and recruitment of any personnel employed by the Collaborative
- Working collaboratively and in partnership with any sub-groups/work streams set up to deliver on key PBC projects and overseeing delivery by the sub groups/work streams
- Communicating key decisions to all relevant stakeholders including: Business Support personnel, NHS Lambeth personnel, Secondary care personnel, Individual Consortium Board members & Member practices

#### ❖ **Structure and Working Practises**

- The Strategic Board will be made up from a GP Lead and Practice Manager from *each* Consortium (8 personnel in total) - in order to be eligible for membership of the Lambeth PBC Collaborative Strategic Board, these personnel must be a member of the Consortium Board
- Tenure is for 3 years – at the end of year 2, 50% of the Strategic Board will be expected to stand down/ put themselves up for re-election
- The Strategic Board will have a Chair and Vice-Chair; these personnel need to be elected from this group at the first meeting and have a tenure of 1 year; at the end of this period a new election will take place
- Strategic Board members standing down can be re-elected immediately
- Monthly meetings of half day duration will be in operation, running from 13.30-17.30 on the following dates at Herne Hill Practice-attendance is mandatory at these meetings
  - ❖ 22 April, 28 May, 25 June,23 July,27 August,24 September,22 October,26 November,17 December,28 January 2010,25 February 2010,25 March 2010
- In the event of non attendance, no deputies should be sent
- In the event of absences for any reason, the minimum number of board members for the Strategic Board to be quorate is 5
  - Quoracy however, can only be deemed where there is a minimum representation from each consortium of one member
  - Any Strategic Board Member failing to attend either 3 successive, or 4 within a 12 month period, Board meetings will be required to resign their position
  - In exceptional circumstances the Chair of the Strategic Board may at their discretion relax this rule

- An agenda, along with any additional papers, will be circulated 1 week in advance of each monthly meeting and the Executive Officer of the Business Support Unit will attend these monthly meetings

### ❖ Board Meetings: Purpose

- To discuss and debate PBC issues
- To plan, make decisions and then take action
- To communicate the plan, decisions and actions required to key personnel-with members practices, NHS Lambeth or secondary care clinicians etc
- To monitor and review
- To build the team-support and learn from/with one another
- To enhance and develop the skills of Board members

### ❖ Decision Making and Voting

- In the Lambeth PBC Collaborative Strategic Board, there is 1 vote **PER PERSON** in order to develop and pass strategic decisions
- A majority vote is required to elect the Chair and the Vice-Chair
- A majority vote is required to pass any motion, based upon one vote per attending person-in the event of a tie, the Chair has the casting vote
  - All decisions will then be allocated and actioned to specific personnel (which may be the BSU, a sub group/work stream or a specific Board member) for implementation
- In order to be quorate, 1 person from each Consortium has to be present at the Strategic Board meeting with a minimum of 60% attending (5 out of 8 personnel)  
The Executive Officer of the Business Support Unit (BSU ) will attend Strategic Board meetings but has no vote

### ❖ Specific Roles of the Chair and Vice-Chair

Chair	Vice Chair
<ul style="list-style-type: none"> <li>➤ Provide visible leadership of the Strategic Board</li> <li>➤ Manage, chair and facilitate Strategic Board meetings and all associated processes related to these</li> <li>➤ Manage the performance and hold accountable the Strategic Board members and member Consortia including:               <ul style="list-style-type: none"> <li>○ Ongoing review and feedback of strengths and development areas of individual Board members</li> <li>○ Ongoing review and feedback on behaviours of Board members</li> <li>○ Ongoing review and feedback on effectiveness of the Strategic Board</li> </ul> </li> <li>➤ Involvement in recruitment of BSU personnel with NHS Lambeth</li> <li>➤ Provide day-to-day operational leadership and management of the BSU Executive Officer and provide guidance, support and feedback as required</li> <li>➤ Ensure ongoing discussion and relationship with NHS Lambeth line manger of the BSU Executive Officer to ensure clarity and consistency</li> <li>➤ Provide public representation of the Lambeth PBC Collaborative to key stakeholders and ensure effective ongoing relationships and communication with these groups e.g. NHS Lambeth, PEC, Community Alliance, SHA, Secondary Care and Allied professionals</li> <li>➤ Ensure visibility with member practices of the Consortia that form the Lambeth PBC Collaborative</li> </ul>	<ul style="list-style-type: none"> <li>➤ Deputise for the Chair as and when required</li> <li>➤ Provide support for the Chair in key areas such as:               <ul style="list-style-type: none"> <li>○ Relationships</li> <li>○ Political astuteness</li> <li>○ Skills, knowledge and intelligence</li> </ul> </li> <li>➤ Provide the link to sub-group work streams and monitor/review work progress</li> </ul>

## 4. Business Support Unit

### 4a. Role and Purpose

The Business Support Unit will work with and support the 4 Consortia via the Lambeth PBC Collaborative and support PBC implementation across the 52 member practices and ~ 300,000 population to support the delivery of world-class commissioning within Lambeth.

The 4 consortia within Lambeth (outlined below) will work collaboratively, whilst retaining their own independence; with the umbrella structure of the Lambeth PBC Collaborative and the PBC Business Support Unit providing strategic oversight, economies of scale, support in developing business cases, sharing of good practice and commissioning initiatives and a single point for communication with other key stakeholders.

The 4 Consortia are:

- General Practice Commissioning Group (GPCG)
- Streatham and Clapham Commissioning Group (SaCH)
- GHD Commissioning Group
- North Lambeth Commissioning Group (NLCG)

### Function and Purpose of Business Support Unit

The function and purpose of the Business Support Unit is to:

<p><b>a. Provide strategic direction and relevant and timely information across the population of the 4 Consortia in pursuit of:</b></p> <ul style="list-style-type: none"> <li>❖ improving the quality of service offered to patients</li> <li>❖ improving the equity of the services available</li> <li>❖ improving the outcomes achieved by local patients</li> <li>❖ improving the health and wellbeing of local patients</li> <li>❖ embracing the principles of cost effectiveness and improve overall value for money, in order to ensure that an overall budget efficiency is delivered which can then be reinvested in improving patient care</li> </ul>	<p>This will include:</p> <ul style="list-style-type: none"> <li>➤ The provision of up to date information and guidance from the DH linked to PBC</li> <li>➤ Strategic direction on common key priority areas as defined and agreed with the 4 Consortia within the PBC Plan</li> <li>➤ Ensuring that PBC incorporates and develops Public and Patient Involvement in the implementation of its Business Plan</li> <li>➤ Delivery and implementation of key common Pan Lambeth and other agreed Consortia priorities</li> </ul>
<p><b>b. Provide relevant and timely data for Consortia, NHS Lambeth and member practices to enable robust commissioning decisions to be made</b></p>	<p>Specifically the data provision that is envisaged is:</p> <ul style="list-style-type: none"> <li>➤ Collation and provision of HRG, ICD10, OPCS, Outpatient and prescribing data to Consortia, NHS Lambeth and member practices</li> <li>➤ Support for data sampling at Practice level around outpatient specialties</li> <li>➤ Support for monthly reporting-practices, consortia and NHS Lambeth</li> </ul>

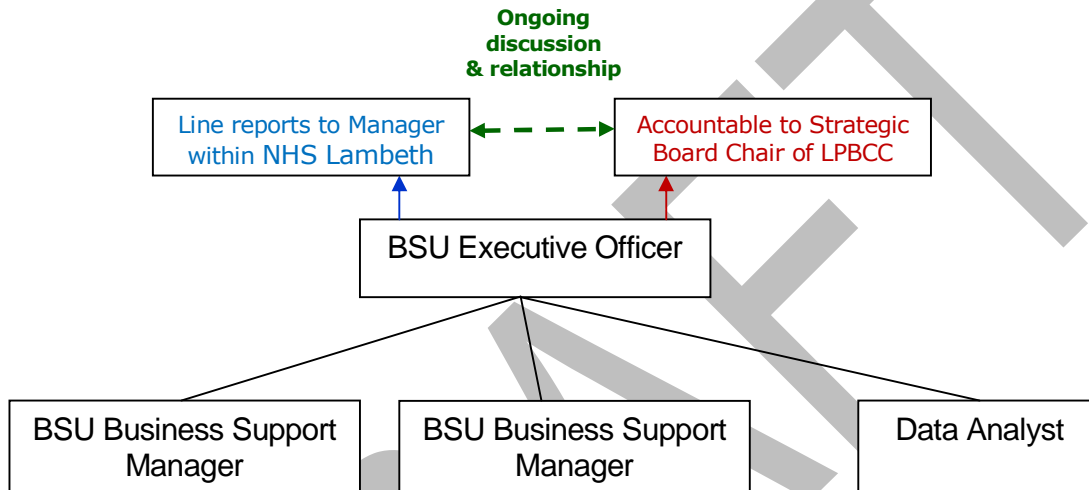
<p><b>c. Review and where necessary and applicable, redesign Services and Pathways</b></p>	<p>Specifically:</p> <ul style="list-style-type: none"> <li>➤ Identification of key priority areas for possible service redesign via robust data analysis</li> <li>➤ Development of Business cases for service improvement and redesign; ensuring these are developed within NHS Lambeth's governance and business planning requirements</li> </ul>
<p><b>d. Ensure effective Communication, Networking and Relationship Brokering with key stakeholders</b></p>	<p>Specifically:</p> <ul style="list-style-type: none"> <li>➤ Provision of key links and brokering of relationships between relevant local bodies- e.g. secondary care (acute and mental health trusts), NHS Lambeth and PEC, LMC and PBC Consortia to identify opportunities, blockages and issues and provide solutions</li> <li>➤ Development and implementation of a Communication strategy and plan across Lambeth PBC groups and member practices</li> </ul>
<p><b>e. Ensure robust Finance and Budget Responsibility and management</b></p>	<p>Specifically:</p> <ul style="list-style-type: none"> <li>➤ Responsibility for monitoring and managing budgets and relevant finances related to PBC</li> </ul>
<p><b>f. Ensure Delivery and Implementation of PBC in line with the agreed PBC Plan</b></p>	<p>Specifically:</p> <ul style="list-style-type: none"> <li>➤ Delivery and implementation of new guidelines impacting on PBC</li> <li>➤ Co-ordination of commissioning activity and reduction of duplication of <i>common</i> Consortia key priorities-based on Commissioning intentions, key Consortia priorities and Consortia business plan</li> <li>➤ Support for delivery and implementation of Consortia-specific priority projects NB: Consortia and BSU wide priorities need to be assessed and reviewed in the context of their alignment to NHS Lambeth priorities as well</li> <li>➤ Involvement and input into Service Level Agreements for Providers</li> </ul>

## 2b. Business Support Unit (BSU) Structure

Although there is a Service Improvement Team of 4 within NHS Lambeth focused on Care Pathway Redesign, their availability to support the Lambeth PBC Collaborative and common Consortia PBC priorities is of the order of 20-40% of their time.

Thus it is strongly felt that dedicated support to enable delivery of the Lambeth Practice Based Commissioning Plan is required.

The agreed structure for the BSU is outlined below, and the posts have been agreed and graded by NHS Lambeth.



In addition funding for part time administrative support as and when required needs to be considered.

The commitment from NHS Lambeth is that any PBC BSU personnel will initially be employed by NHS Lambeth with line management responsibility into an NHS Lambeth line manager (to be confirmed by the NHS Lambeth), with the medium-longer term view of EITHER seconding the personnel to the Collaborative OR moving the personnel across to an established Limited Company/Social Enterprise for the Collaborative (via TUPE), say in a years' time.

A standalone Limited Company or Social Enterprise will be set up with a separate bank account and shareholders (each of the member practices) to ensure total transparency and probity.

Any monies that are secured from NHS Lambeth prior to the final set up of the Limited Company will require one of the 4 Consortia to host these funds in the short term – this will be SaCH.

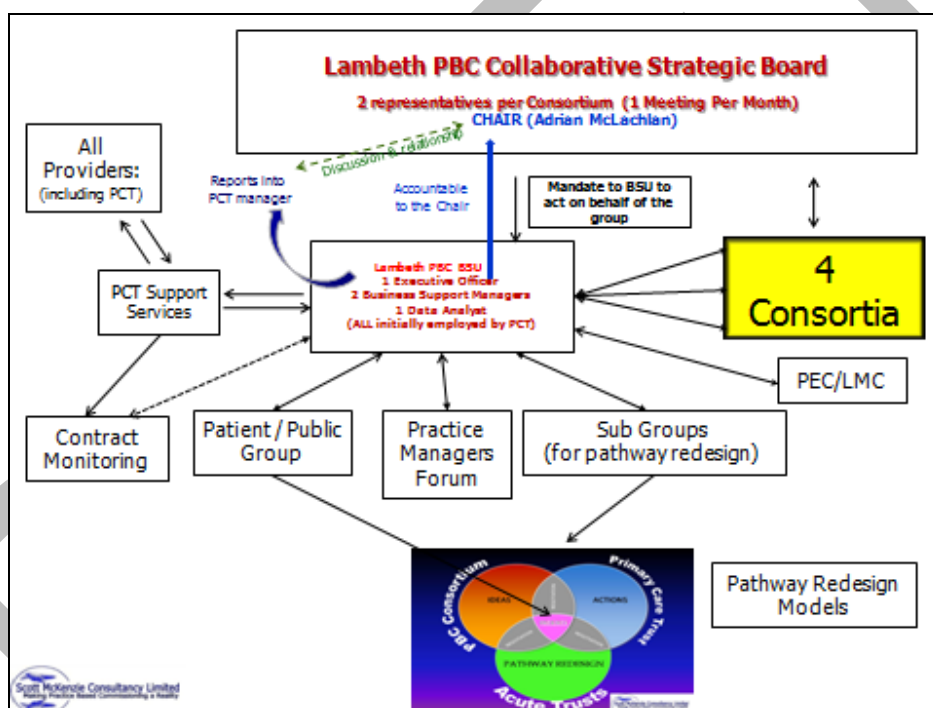
## 2b. Business Support Unit Accountability

The Business Support Unit will act on a mandate from the Lambeth PBC Collaborative Strategic Board-this Board is made up of 2 representatives from each of the 4 Consortia.

The Executive Officer will be line managed by an NHS Lambeth manager (as they are an NHS Lambeth employee at the outset), but will be accountable to the Chair of the Lambeth PBC Collaborative on a day-to-day operational basis.

Clear agreed objectives for the Executive Officer will need to be set and reviewed in line with NHS Lambeth HR policies, by NHS Lambeth Line Manger and the Chair of the Lambeth PBC Collaborative.

The Chair of the Lambeth PBC Collaborative Strategic Board is the overall accountable officer for the organisation.



Other GPs may participate as required in specific clinical areas as Clinical Champions, whose remit will be to span the primary-secondary care interface and to be the eyes and ears for clinical improvements.

Day to day management will be retained at consortia level i.e. commissioning intentions, activity monitoring, and financial reporting and still be locally based but supported by the BSU Management team for the development of business plans/cases, finance and activity analysis but accountability will lie with the consortia.

The BSU Team will be available to support the consortia at meetings with NHS Lambeth, Acute and Mental Health Trusts etc as required.

Where additional support for the Lambeth PBC Collaborative group and the BSU is required that necessitates the formation of sub-groups or work streams, it is envisaged that these groups/work-streams would be a small group drawn from volunteers from the constituent consortia (one from each) that will meet once a quarter (initially) to review progress and ensure probity in the use of the allocated funding.

Sessional funding will be available to support these sub-group personnel.

### **Sub-group/Work Stream Terms of Reference**

In particular each Sub-group/Work Stream will:

1. Be established by the Lambeth PBC Collaborative Strategic Board, which will also include the identification of a Clinical Lead.
2. Receive specific terms of reference from the Lambeth PBC Collaborative Strategic Board.
3. Have an initial meeting with all the Extended Team members (Clinical Governance, Commissioning, Finance, Informatics, Medicines Management, PPI and Public Health) to scope the piece of work, allocate responsibilities and agree actions and timescales.
4. Have clearly identified NHS Lambeth management and administration support.
5. Hold meetings as appropriate with the 'Team' and to performance manage against the agreed actions and timescales.
6. To report to the Lambeth PBC Collaborative Strategic Board on a monthly basis. This will in the main be reporting exceptions against the agreed plans.
7. Develop and deliver both pathways and service specifications.
8. Provide communication channels with other appropriate groups as detailed.

The membership of each Sub-group/Work Stream will be dependent on the specific topic / area of work and will be drawn up accordingly to meet the specific needs of that Work Stream.

Each Sub-group/Work stream will determine its own pattern of business and be appropriate to the specific work required.

Meetings will be organised to take account of the constituent members and their needs.

Each Sub-group/Work stream will be notified of its term of office, which will be appropriate to its' work. Any required changes will be negotiated with the Lambeth PBC Collaborative Strategic Board.

### **Freed up Resources**

Pooling of Freed up Resources across the Lambeth PBC Collaborative is desirable and each Consortium is charged with agreeing and finalising this with their member practices. Individual consortium agreements will reflect this.

## 5. Lambeth PBC Collaborative Management and Support Costs

Due to the future proposed restructuring of services within Lambeth and Southwark, LPBCC understands that in the future NHS Lambeth will be a lean organisation.

It will maintain sufficient staffing to carry out a range of regulatory and service functions; LPBCC therefore will require either sufficient staffing to carry out a range of commissioning functions, or management and support costs, as an indicative budget, to cover backfill in order to free up clinical and management time to run the Collaborative and Consortia.

The following outlines the management and support costs that are required in 2009/10 in order for LPBCC and the BSU to operate and deliver key outcomes in the area of practice based commissioning.

### 1. Business Support Unit Staff (estimated costs subject to approval)

- a. Executive Officer £70,000 per annum (including on costs)
- b. Business Support Manager £40,000 per annum (including on costs) x 2
- c. Data analyst £30,000 per annum (including on costs)

Where LPBCC cannot secure seconded staff from NHS Lambeth, or where the support cannot be offered directly, for the work to be carried out as described in this agreement, the following management costs are sought as part of the package of support to PBC.

### 2. Rates of pay

The Strategic Board have allocated the following rates of pay, per hour, to anyone delivering work for PBC.

GP	£ 85
Practice Manager	£ 35
Nurse	£ 30
Pharmacist	£ 35

A claim sheet will be developed to allow simple administration of all claims for attendance at approved meetings.

#### 2.1 Lambeth PBC Collaborative Strategic Board & BSU Meetings & Activity

##### Meetings

The Strategic Board of the Lambeth PBC Collaborative will meet monthly for a half-day (4 hours) as outlined in the Roles, responsibilities and working practices set out in section 4 of this document.

- o 4 GPs @ £ (£ 85 x 5 hours per month, which includes one hour preparation)
- o 4 PMs @ £ (£ 35 x 5 hours per month, which includes one hour preparation)

**LPBCC Strategic Board Monthly Meeting Costs per month: £2,400**

**LPBCC Strategic Board Monthly Meeting Costs per annum: £28,800**

**Chair & Vice-Chair Activity**

In terms of day to day running of LPBCC we have allocated one day per week to the Chair at £680 per day (£85/hour) and a day a month to the Vice Chair at the same cost.

**LPBCC Chair & Vice-Chair Activity Costs per month: £3,400**  
**LPBCC Chair & Vice-Chair Activity Costs per annum: £40,800**

**2.2 Lambeth PBC Collaborative Strategic Group Meetings (with Member Practices)**

There will be two, two and a half hour Strategic Group Meetings per annum, at which attendance is mandatory for *all Practices*.

- Practices can claim, at the below rates, for one GP and the Practice Manager to attend, although others from the Practice may attend at their own discretion.
  - 52 GPs @ £ (£ 85 x 5 hours per annum)
  - 52 PMs @ £ (£ 35 x 5 hours per annum)

**Strategic Group Meetings Annual cost: £31,200**

**2.3 Consortium Operational Board Meeting Costs**

Each consortium has an Operational Board tasked with implementing the agreed plans and work from the Lambeth PBC Collaborative. The costs for this *per annum* are:

<p>➤ <b>GPCG</b>; The 2 hr monthly Board meetings are made up of 5 GPs, 3 Practice managers and 1 Nurse Practitioner. All are paid the same rate of £85.00 an hour</p>	<p>➤ <b>NLCG</b>; there are 6 directors including the chair and the company secretary (there is a possibility they may create a 7<sup>th</sup>). The board is supported by a PT manager 2 sessions per week. Currently they do not pay any members except the chair, who has 2 sessions per week, and the admin support; the remaining funds are spent upon service delivery. Occasionally they make payments for clinical leadership in developing services or systems for the PBC group.</p> <ul style="list-style-type: none"> <li>○ £2,720 Catering</li> <li>○ £12,740 Clinical time</li> <li>○ £800 Fees/Arrangements for Limited Company</li> <li>○ £3,432 Home visiting pilot</li> <li>○ £2,250 Contribution to Management Training for lead GP</li> <li>○ £8,500 Business planning/writing bid</li> <li>○ £3,877 Administration</li> </ul>
<p><b>Total per annum: £18,360</b></p>	<p><b>Total per annum: £34,319</b></p>

<p>➤ <b>GHD</b>; 2 hour monthly meeting with 6 GPs (@£85 per hour) and 3 PMs (@£35 per hour) attending <b>(=£14,760 per annum)</b></p> <ul style="list-style-type: none"> <li>○ The Clinical director is paid (@£85 per hour) for 1 session per month + attendance at NHS Lambeth meetings: total of 4 hours per month <b>(=£4,080 per annum)</b></li> <li>○ The Chief Executive is paid at £35 per hour for 4 hours work per month relating to PBC <b>(=£1,680 per annum)</b></li> <li>○ Board secretary 1 hour per month (@ £35 per hour) for preparing and writing minutes <b>(=£420 per annum)</b></li> <li>○ Patient representative £30 per monthly meeting <b>(=£360 per annum)</b></li> </ul> <p><b>Total per annum: £21,300</b></p>	<p>➤ <b>SaCH</b>; There are 6 Board members including the chair and a company secretary. Each are paid to attend the 2 hr board meetings once a month.</p> <ul style="list-style-type: none"> <li>○ 4 GP's paid 2 hours x £85.00 <b>(= £8,160 per annum)</b></li> <li>○ 2 Practice Managers paid 2 hours x £35.00 <b>(=£1,680 per annum)</b></li> <li>○ Company secretary 2 hours x £55.00 <b>(=£1,320 per annum)</b></li> <li>○ Administration support; one day per month at a cost of £400.00 per month <b>(=£4,800 per annum)</b></li> <li>○ Business case development is also paid for at the same rates – year to date, this is approximately <b>£9,000</b> on 3 business cases for MSK, Community Based Ultrasound and Adult Renal CATS service</li> </ul> <p><b>Total per annum: £24,960</b></p>
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Summary of Consortium Board Costs:

GPCG	£18,360
NLCG	£34,319
GHD	£21,300
SaCH	£24,960
<b>Consortium Operational Boards Annual Costs</b>	<b>£98,939</b>

**Where clinical expertise for NHS Lambeth is required on strategy groups; these will be funded, separately, by NHS Lambeth.**

**2.4 Sub Group Meetings and Costs**

LPBCC has planned for one Operational Board Member to chair each sub group, accompanied by the relevant other Healthcare Professionals for that group.

LPBCC has planned a maximum of £700 per 4 hour meeting. A total cost for 1 sub group, meeting once a week, for 3 months is £8,400.

We have planned for between 6 and 8 sub groups giving maximum **total costs of £67,200** per annum.

This reimbursement will cover only those sub groups formed by LPBCC, or those formed by NHS Lambeth, which are agreed to be focused on joint priorities.

Some groups will require more meetings and input; however, budgeting in this way gives flexibility; where we require more meetings the money is already available from those groups which do not use the full 12 week allocation of funding.

Our expectation is that the budget will be available to the consortium; however, each sub group will require terms of reference and a fully costed proposal to NHS Lambeth for final approval before work commences.

Each sub group will be focused on service / pathway redesign, working in partnership with NHS Lambeth. The sub groups will be tasked with improving the quality of service we offer, improving the outcomes achieved by our patients and improving our overall budget efficiency.

## 2.5 Patient / Public Involvement

As Practice Based Commissioners we hold a statutory obligation to provide NHS Lambeth with patient experiences, preferences and outcomes; however, to date this is an area we have still to develop.

With that in mind, and in order to drive forward our patient/public engagement, PLPBCC intends to have a "Friends of PLPBCC" forum; this will be made up of **up to** 500 patients who are willing to receive regular updates and are prepared to feedback and input to the Collaborative.

As part of this process we must understand the health needs of our population and plan and prioritise accordingly. Additionally, we must define services to meet those needs and seek to commission them from the most appropriate providers.

In order to achieve this we must ensure we have strong patient / public engagement, and that each subgroup will use each of the following methods of consulting on proposals:

- Questionnaire
- Website
- Telephone
- Patient groups
- External company
- Face to face

Plans for this will be developed, in partnership with NHS Lambeth, and a fully costed proposal submitted to NHS Lambeth. At this point, if required, an additional budget will be sought.

## 2.6 Project Management / External Consultancy

LPBCC has budgeted **£48,000** for support with business planning, service redesigns and general support with Commissioning from external consultancy. This equates to a maximum of 4 days per month.

## 2.7 Training

LPBCC plans to run appropriate training and development sessions to up-skill our Healthcare professionals; the cost of training and development will be included within each individual business case submitted as part of pathway / service redesign.

- A separate budget will be sought for training and development of project management and business skills related to PBC. A training and development plan will be developed, separately, to this governance document to identify the budget required and the outcomes deliverable as a result of the training.

## 2.8 Website

LPBCC plans on having a Lambeth wide PBC website for use by members and patients. We are seeking help from NHS Lambeth in developing this; however, if help is not available we require a budget of **£10,000** to develop, and maintain, our website.

## 2.9 Total Management & Support Costs

Costs Per Annum	
Business Support Unit staff	
❖ Executive Officer	£70,000
❖ Business Support Managers	£80,000
❖ Data Analyst	£30,000
Lambeth PBC Collaborative Strategic Board/BSU Meetings & Activity	£69,600
Lambeth PBC Collaborative Strategic Group Meetings (with all member practices)	£31,200
Consortium Operational Board Meeting Costs (for all 4 Consortium)	£98,939
Sub Group Costs	£67,200
External Consultancy	£48,000
Website	£10,000
<b>TOTAL</b>	<b>£504,939</b>

Additionally, upon secondment or transfer of any staff not contained within the above table, a new budget will be sought from NHS Lambeth to cover this new cost.