

## Darlington PCT's guide to: **Encouraging good collaboration between PCTs, practices and acute trusts**

Eleven practices are involved in practice-based commissioning (PBC) in Darlington and the approach has been to start small and move forward together.

In Darlington, good collaboration between the PCT, practices and the acute trust will be crucial in implementing PBC in a way that will bring big improvements to patient pathways across primary and secondary care.

To facilitate this collaborative approach, Darlington's commissioning forum includes a clinical lead from each practice, practice manager representation, the PCT's director of primary care and commissioning directorate and acute trust representation. Two members of the patients' forum are also included to ensure that the views of the local community are represented.

*Continued overleaf* ➤

# Practice-based commissioning

► *Continued from overleaf*

**Here are Darlington's key recommendations for developing a strong collaborative approach:**

- Start small – for the first year or so, encourage practices to work in partnership and focus on the areas where they can make the quickest and largest impact
- Ensure that there's a close commissioning dialogue between practices and the PCT
- Remember throughout that PBC success depends on strengthened links with secondary care and developing services together
- Make sure there is ongoing and supportive collaboration across primary and secondary care as this will result in improvements in patient pathways right across the board. In Darlington, practices are working with the acute trust to look at ways to reduce bed days and have carried out a sample review of patients to identify discharge blockages in the system
- Encourage practices to sign up to the changes they want as a group in order to maximise the impact of the way secondary care services are delivered
- Develop good clinical data mechanisms to underpin commissioning decisions
- Provide the support GPs need to co-ordinate and validate data and manage financial flows
- Consider providing incentives. Darlington is developing a scheme which will reward practices for delivering improvements in a range of areas. These may include a reduction in emergency admissions and A&E attendances, re-admissions, orthopaedic referrals and the development of complex case registers
- Tap into practice-level detail of what is needed for individual patient populations. This is crucial to making the right commissioning decisions. For example, GPs may feel that MRI waits are holding up patients in the orthopaedics system.