



# FACTSHEET

## PRACTICE BASED COMMISSIONING (PBC)

### Definition

PBC is about engaging practices and other primary care professionals in the commissioning of services. Through PBC, front line clinicians are being provided with the resources and support to become more involved in commissioning decisions.

Under PBC, practices receive information on how their patients use health services. This information can be used for the redesign of services by front line clinicians for the benefit of patients.

PBC is a key element in delivery of the World Class Commissioning (WCC) programme of the Department of Health.

The world class commissioning programme is transforming the way health and care services are commissioned.

World class commissioning will deliver a more strategic and long-term approach to commissioning services, with a clear focus on delivering improved health outcomes.

There are four key elements to the programme; a vision for world class commissioning, a set of world class commissioning competencies, an assurance system and a support and development framework.

For more on WCC see: [http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/DH\\_083204](http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/DH_083204)

### What are the benefits of PBC?

Better clinical engagement:

PBC gives practices and primary care professionals the freedom to develop innovative, high-quality services for their patients. Using information on current health service usage, primary care professionals can understand how resources are used, and identify areas that will benefit from redesign.

Better services for patients:

PBC enables primary care professionals, working across boundaries with secondary care clinicians and others, to redesign services that better meet the needs of their patients. Patients can benefit from a greater variety of services from a larger number of providers in settings that are closer to home or more convenient for them. Patients will also benefit from reduced waiting times when they do need to go to hospital.

Better use of resources:

By giving practices the ability to develop new services for patients within a framework of accountability and support, PBC will improve access, extend patient choice and help restore financial balance.

## Implementation of PBC

PBC remains a voluntary activity. To encourage practices to engage with practice based commissioning, a Directed Enhanced Service (DES) for 2006/7 was agreed with the BMA's GP Committee. The DES was payable in two parts. Component one entitled practices to 95p per registered patient in recognition of the engagement (particularly clinical) required of practice staff to develop and implement a locally agreed plan. Component two was payable on achievement of the plan.

Practice based commissioning provides practices with the incentives and opportunities to get involved in the provision of care. Under practice based commissioning, PCTs remain responsible for the decisions and contracting arrangements for new services agreed. They must therefore balance the requirement to follow rules on procurement with the need to foster innovation and avoid an unduly bureaucratic or lengthy process.

### How is PBC different to GP fund-holding?

PBC is not fund-holding. The 1997 NHS White Paper made it clear that we wanted to "extend to all patients, the benefits, but not the disadvantages of GP fund-holding."

Subsequently, there are key differences between PBC and fund holding:

- i. PBC is less bureaucratic. Fund-holding was bureaucratic. PCTs will continue to deal with the administration ie. contracting, payments etc which should mean limited additional bureaucracy.
- ii. PBC is centred on improving patient care. Savings from fund-holding did not have to be spent directly on patient care. Under PBC all proposals for savings must be agreed at the outset and must be spend on patient services.
- iii. PBC is more equitable. Fund-holding practices received more funding than non-fund-holding practices, leading to an inequitable distribution of resources. Under PBC, practices not taking up PBC will not receive proportionally less funds.
- iv. PBC is focused on quality, not price. Fund-holding GPs could negotiate the cheapest price for acute services. With tariffs there is no longer any incentive to bargain on price.



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