

PCTs.

Can they contract directly with Consultant Groups?

Nick Bosanquet
Professor of Health Policy
Imperial College



RCOG Conference
presentation 10.03.04

Clinical Governance

Key concern:

Top down standards and protocols



RCOG Conference
presentation 10.03.04

Unknown Territory

Value for money / money following the patient



RCOG Conference
presentation 10.03.04

Impact on local providers

- Financial problems of North Circular / M25 Acute Trusts
- Development of TCs in London / South East – 50,000 places
- End of the free lunch for PCTs



Key concerns

- Access
- Waiting times
- Six Month Maximum Wait for inpatient treatment by 2005

Concerns about ICT/EPR

- Clinical governance
- Care pathways / protocols

Uncosted forward commitments

- New GP contract. Positive response
- Contract with practices
- New consultant contract
- Strengthening direct relationship to GPs
- Where is direct relationship to consultants?

How can Chambers fit?

- Development Agenda for PCTs
- New local culture

Associating Chambers with quality

- What is the USP?
- What is in it for PCTs?



New kinds of partnership

- Chambers as total service guarantee
- Greater flexibility
- Positive response to new GP / Primary Care / Practice contract

