



Commissioning

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Outline

- What is Commissioning?
- The Commissioning process
- Influencing Commissioning
- My Personal Views



What is Commissioning? Definitions

- Commission (remuneration), a form of payment to an agent for services rendered
- Project commissioning, the process of assuring that all systems and components of a building or industrial plant are designed, installed, tested, operated, and maintained according to the operational requirements of the owner or final client
- Building commissioning, a quality assurance process during and following building construction
- A type of contract for performance or creation of a specific work (en.wikipedia.org)

What is Commissioning?

Definitions



- Commissioning in the NHS is the process of ensuring that the health and care services provided effectively meet the needs of the population.
- It is a complex process with responsibilities ranging from assessing population needs, prioritising health outcomes, procuring products and services, and managing service providers. (www.dh.gov.uk)



What is Commissioning - Definitions

Commissioning is the means by which we secure the best value for patients and taxpayers. By 'best value' we mean:

- The best possible health outcomes, including reduced health inequalities;
- The best possible healthcare;
- Within the resources made available by the taxpayer.



A little about PCT's

- PCT's are principle fundholders in the NHS system
- PCT's disburse funds to the Providers of the services they have commissioned on an agreed tariff or contract basis, on guidelines set by DH
- Service Providers include GP's, hospitals etc.
- PCT's receive a budget from the DH on a formula basis
- PCT's must 'break even' at end of financial year



Development of Commissioning

- Previously Provider led
- The history of commissioning in the NHS has been turbulent since its introduction as “purchasing” in 1991: since then it has undergone seven reorganisations and has had no chance to mature as a discipline.
- Assessing need has never been systematically undertaken.
- Commissioning launched as a new profession in the NHS, with commissioning bodies becoming public health benefit organisations representing the NHS locally.

World Class Commissioning

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.





WCC Competencies

World class commissioners will:

- locally lead the NHS
- work with community partners
- engage with public and patients
- collaborate with clinicians
- manage knowledge and assess needs



WCC Competencies

- prioritise investment
- stimulate the market
- promote improvement and innovation
- secure procurement skills
- manage the local health system
- make sound financial investments

Working Together





Practise Based Commissioning

- Gives local clinicians much greater power and influence, to shape how resources are invested, in partnership with PCT's
- GP's can have a direct role in designing the services that will deliver better health, care and value for local people.
- Clinicians help provide vital understanding of patient needs.
- Clinicians will need to see things differently, move away from 'silo' thinking.



Practise Based Commissioning

- In the current economic climate clinical empowerment is a necessity
- PBC provides GPs & other clinicians with a new leadership role in determining local services & health initiatives
- We need “managerially intelligent clinicians & clinically intelligent managers”



Commissioning Processes

The commissioning cycle includes:

1. The strategic commissioning plan which establishes the direction and priorities for at least the next 5 years for the PCT. It is developed every 3 years and updated annually.
2. The operating plan sets out how the PCT plans to achieve the health outcomes and financial goals set out in the strategic commissioning plan. It includes targets, financial and activity schedules and action plans. It is developed annually.
3. The Commissioning Intentions are developed annually for Providers.



Commissioning Cycle

Commissioning is 'the cycle of assessing the needs of people in an area, designing and then securing appropriate service.'
(Cabinet Office (2006) Partnership in Public Services, p.4)

1. Assessment (or reassessment) of need
2. Identifying resources
3. Planning how to use the resources
4. Arranging service delivery through a procurement process
5. Monitoring and reviewing service delivery

Commissioning Cycle





Analysis and Planning

- **Analysis** - understanding the values and purpose of the agencies involved, the needs they must address, and the environment in which they operate.
- **Planning** - identifying the gaps between what is needed and what is available, and planning how these gaps will be addressed within available resources.



Doing and Reviewing

- **Doing** - ensuring that the services needed are delivered as planned, in ways which efficiently and effectively deliver the priorities and targets set out in the commissioning strategy.
- **Reviewing** - monitoring the impact of services and analysing the extent to which they have achieved the purpose intended.



Procurement

- ***“Commissioning is not the same as purchasing. Purchasing is a cash-driven exchange. The purchaser is only a customer. Commissioning is a needs-led activity. Agencies concerned with commissioning may be both customers and suppliers. Once needs are collectively identified, the means of meeting those needs through service provision are agreed and then how to access the resources, financial, staffing and premises necessary to deliver will be finalised. Thus an agency whether statutory, voluntary or private can be included in the commissioning function.”***
[\(Hearn, Abrahams & Pugh, 2003\).](#)



NHS Aims

- Better health and well-being for all, better care for all, and better value for all.
Adding Life to Years & Years to Life
- Quality as the Organising Principles in the NHS
High quality care for all
- New patterns of provision
Transforming Community Services



Transforming Community Services

- Promoting health & well-being
- Services for children & families
- Long term services
- Acute services closer to home
- Rehabilitation & LTC (neurological)
- End of life care



Clinical role in commissioning

- Established Practice of Clinical Effectiveness (individuals/teams)
- Collaborative working (within & across organisational boundaries)
- Person-centered thinking & consistency in performance/provision
- Making sustainable difference
- Evaluation of the difference
- Motivate colleagues & engage commitment towards a common goal through articulating the vision
- Interdependent (leader & team player)
- Voicing values & demonstrating them in practice
- Whole system approach



Gathering Evidence for Commissioners

- Disseminating and generating evidence based practise
- Building robust infrastructure for sustainable change
- Strengthening professional identity
- Establishing outcome measures
- Articulating specialist role
- Writing measurable goals
- Auditing standards
- Proving effectiveness – staff and user focus groups
- Satisfaction surveys



How to Influence Commissioning

- Speak the same language – understanding what Commissioners want to know
- Clinicians – need to be flexible and innovative
- Look at the whole pathway
- Clearly explain what you and your service does, and can do!



How to Influence Commissioning

- Professional boundaries – get out of the box
- Organisation boundaries
- A joined up effective service
- What can we stop doing? De-Commissioning

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Shared vision





What you can do

- Be aware of local PCT's Operating Plan/ Strategic Goals and Commissioning Intentions
- Who in your service/ organisation is involved in dialogue with Commissioners?
- Work in commissioning
- Get involved with pathway development
- Be able to clearly demonstrate what you are doing now, and achieving
- Use outcome information



What else can you do?

- Be aware of the ‘bigger picture’ – whole pathway, whole system, whole health economy, multi-agencies
- Be flexible
- Be a leader! Visible, credible and strong: Think about how you develop; support; guide; inspire; empower; motivate:
- Collect Information that commissioners are interested in, e.g. reducing readmission rates, reducing excess bed days
- Remember not all commissioners are clinicians! Don't expect Commissioners to know everything about your service, what you do, or how it adds to the whole system

Personal View – Initial thoughts

- Confused –how do things work?!
No blueprint, no plan to follow, new profession...
- Overwhelming complexity....
Bewildering! What is my role?!
- Challenging – huge learning curve!
- Move from relative 'expert' to complete novice - tough
- Impressed - There is a lot of dedication and a real desire and drive to improve patient care in the PCT – not just about cash!



Personal View –what I've learnt



- Be comfortable with the unknown and being outside comfort zone - accept will never know everything! And everything changes anyway...
- Relationships/ personality important
- Be a diplomat
- Don't take things personally
- Have to swallow pride, say I don't know and find out about things
- Need to use Initiative, problem solving, using contacts
- Managing own workload and people within and outside organisation

Personal View - More things I've learnt...



- Need to stay focussed – expect to get side-balled daily!!
- Easy to forget how far you've come, what you've learnt – reflection vital!
- Can be difficult to evaluate individual impact
- Nothing is simple – prepare for complications and unforeseens!!
- A lot of opportunity for development and changing roles



Clinical work vs Commissioning

- Office based
- Administration
- Different language – TLA's and FLA's!!
- Meet enormous number of different partners: other commissioning directorates and organisations; GP and other clinicians; public; third sector; independent sector; SHA; etc, etc
- Travelling!!
- Complexity
- Ever changing influences
- Competing priorities
- Project management
- Corporate image
- Need really good organisation skills
- Concentration – not easily distracted
- Ability to see things and not be put off easily helps!

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Further interest

- <http://www.tin.nhs.uk/events-calendar/ahp-commissioning-/?locale=en>
- www.dh.gov