



Local Optical Committee Support Unit

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SUPPORT FOR PRIMARY
EYE CARE DEVELOPMENT

Advice note

Commissioning made simple



LOC SUPPORT UNIT
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Commissioning Made Simple

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Commissioning in the NHS

Commissioning in the NHS is the process by which the NHS ensures the health and care services provided most effectively meet the needs of the population. It is a complex process with responsibilities ranging from assessing population needs and prioritising health outcomes, to procuring products and services, and managing service providers. Enhanced services provided by community optical practices are currently commissioned by Primary Care Trusts¹ in England and Health Boards in Wales.

Commissioning Budget

The commissioner's budget is calculated using a weighted capitation formula which takes into account the number of people in the local population and then adjusts this for health and demographic indicators eg number of older people. The

budget is to enable the commissioner to secure a comprehensive range of health care services and services for improving health (eg smoking cessation) for its population.

The Commissioning Process



Strategic Planning

Planning is at the heart of the commissioning process. The commissioning body devises strategies e.g. eye care strategies which specify outcomes and set out areas for change over a period of several years. These

of health care and health improvement services for its population. Commissioning should involve clinicians at every stage of the decision making process. LOCs and ROCs need to be proactive in approaching commissioners to ensure they are aware of the opportunities to redesign eye care pathways and expand the role of optometrists and dispensing opticians in community practice.

LOCSU Support

See www.locsu.co.uk for information on enhanced service pathways or contact info@locsu.co.uk for advice.

NHS Commissioning Cycle



groups of GP practices will normally be co-terminus with local authority boundaries and will need to involve patients, carers, the public and a wide range of doctors, nurses, and other health and care professionals in their commissioning work. Enhanced Services provided by community optical practices will be commissioned by Clinical Commissioning Groups from April 2013.

QIPP (Quality, Innovation, Productivity, Prevention)

QIPP is a large scale transformational programme for the NHS, engaging all NHS staff, clinicians, patients and the voluntary sector to improve the quality of care the NHS delivers whilst making up to £20billion of efficiency savings by 2014-15, which will be reinvested in frontline care.

QIPP is engaging large numbers of

NHS staff to lead and support change. At a regional and local level commissioners have been developing integrated QIPP plans



that address the quality and productivity challenge, and these are supported by the national QIPP workstreams. One example of the QIPP workstreams is **Right Care** which is a program designed to ensure patients get the right care in the right place at the right time.

In summary

Commissioning in the NHS is the process by which the commissioner uses, and stays within, its cash limited budget to procure the appropriate range

Strategies guide year on year commissioning priorities and operational planning. Planning of all health care services is governed by laws which require commissioners to involve patients and the public in developing all their plans and strategies and consult with local Council Health Overview and Scrutiny Committees on any proposed significant changes.

Assessing Needs

The first stage in the commissioning cycle is assessing the health needs of the local population. This should be done using a combination of the Joint Strategic Needs Assessment carried out with the local authority and an up-to-date eye health needs assessment.

Reviewing Current Service Provision

Next, commissioners need to understand how services are currently being provided and identify any gaps that can be addressed by commissioning new or different services.

It is important to benchmark current service provision, both by comparing services with similar areas.

The commissioners will take a view on whether the existing level of service provision best meets the local needs in terms of value for money, quality and accessibility. If not, requests for service change may be discussed with providers or pathways may be redesigned and services tendered to find an alternative provider.

Deciding Priorities

Comparing the eye care needs assessment with an analysis of current provision will highlight what needs to change. This may include:

- areas where there are gaps in existing service provision
- areas with specific health needs that could benefit from additional investment in eye

Services

communities that have limited choice, either in terms of providers or in the nature of services available

- investment in services not targeted on areas of greatest need.

Design Services and Specify Outcomes

In the case of a service which is not best meeting the population's needs the commissioners need to work together with providers and all stakeholders to redesign the service model. Where brand new services are commissioned these also need to be designed together with partners including patients and the public. In all cases it is essential to develop meaningful and measurable outcomes for the services commissioned. Enhanced services provided by community optical practices are normally a result of service redesign projects.

Shape the structure of supply

It is important for the commissioners to understand the quantity of activity required to meet the population's needs. This has become particularly important in order to hit waiting list targets, and estimates of activity are also necessary to set out in contracts with providers in order to make sure the budget will cover all the activity required.

Manage demand and ensure appropriate access to care

There is requirement for commissioners to stay within the cash limited budget for their area and therefore the level of activity estimated cannot be exceeded or additional costs may be incurred. Protocols and thresholds for referral of patients need to be clear and monitored to ensure that those patients most in need are getting the treatment they need, within the limitations of the budget.

For some time, government policy has been to ensure that clinicians are at the heart of decision making at all steps in the commissioning process. Practice based commissioning is one of the main vehicles for making this a reality. All PCTs have a clinical executive to advise on PCT decisions, which is made up of a number of clinicians from different backgrounds. In some PCTs the clinical executive includes an optometrist. In addition, sometimes it is necessary to commission a special service on a named patient basis. There will usually be a panel of experienced clinicians to ensure that the right clinical decision is made and that the cost of the service will produce a health benefit for the patient.

Managing performance (quality, performance, outcomes) and value for money)

Commissioners need to monitor providers to ensure that the

outcomes specified in service specifications are being met and that activity is broadly in line with assumptions. There are also a number of ways in which the quality of a service can be evaluated including collecting patients' views and audit of outcomes. If a service is falling below the specified and minimum standards, the commissioner is likely to agree a recovery plan with the provider and monitor this to ensure improvement. Where improvement does not occur, the commissioner may decide to tender the service to secure a provider that can meet the specification.

Clinical Commissioning Groups

The 2010 Health and Social Care Bill sets out plans to reform NHS commissioning in England. Primary Care Trusts are to be abolished by April 2013 and responsibility for local commissioning will go to Clinical Commissioning Groups. These