

Clinically led commissioning: the future

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- Background and context
- The NHS Commissioning Board
- Features of the design process
- Emerging proposals
- Local professional networks
- Clinical leadership and engagement

Background

- *Equity and Excellence: Liberating the NHS* – the Government’s vision for health services:
 - Patients are at the heart of everything the NHS does
 - Healthcare outcomes in England among the best in the world
 - Clinicians empowered to deliver results
- Liberated provider market
- New Public Health Service
- *Liberating the NHS: Commissioning for patients* supports the White Paper by setting out a new commissioning architecture for the NHS to drive improvements in healthcare
- Responsibility for most commissioning with commissioning consortia, supported and supplemented by the NHS Commissioning Board
- The new architecture will take on many of the roles and responsibilities currently discharged by the Department of Health, Strategic Health Authorities and Primary Care Trusts
- The Government accepted many of the recommendations from the *Future Forum*

The principles

Empower health professionals as leaders of a more autonomous NHS

Devolving power and responsibility for commissioning of most health services to clinical commissioning groups

Bring decision making closer to patients and local communities

Through clinical commissioning groups, ensuring that redesign of patient pathways and local services is always clinically led

Accountability

Clinical commissioning groups will have a range of duties and will be held to account for these by the NHS Commissioning Board, which will also commission some services directly

Commissioning decisions based on multi-professional advice

Commissioners supported by clinical networks and clinical senates, hosted within the NHS Commissioning Board

Partnership with secondary care, community and other professionals

Using NHS resources to get the best health care and outcomes for patients, through well designed, joined-up and patient-centred

Clinically led commissioning on a statutory basis

Powers and responsibilities set out through primary and secondary legislation

NHS Commissioning Board

- ...will be an independent statutory body, free to determine its own organisational shape, structure and ways of working
- ...will provide national leadership across the commissioning system
- ...will be accountable to Secretary of State for managing the overall commissioning system via an annual mandate
- ...will be required to take active steps to promote the NHS Constitution and its principles and values

The Board will have responsibility for:

- Supporting **continuous improvements in the quality and outcomes** of NHS funded services
- **Promoting and extending** public and patient involvement and choice
- Ensuring a **comprehensive system of clinical commissioning groups**, supporting them and holding them to account
- **Directly commissioning** some services
- **Allocating and accounting** for NHS resources
- **Promoting equality and reducing inequality** across healthcare

The principles of change

- **Co-production:** the NHS Commissioning Board and Clinical Commissioning Groups will work together to design and test the new arrangements

- **Subsidiarity:** responsibilities will rest at local level, unless there is a clear case for them to sit elsewhere

SHAPING THE NEW SYSTEM: the four principles of change

- **Clinical ownership and leadership:** at every level and clinical evidence will underpin the national quality standards

- **System alignment:** Health and wellbeing boards will bring about local integration and the NHS CB will work with regulators and other partners

The NHSCB will have:

- statutory duties to commission primary medical, primary, secondary and community dental, ophthalmic and pharmaceutical services
- statutory powers to delegate some medical and ophthalmic functions to CCGs
- statutory general and specific equality duties

Vision

Patient

Built on the very best of the best practice
Removes unacceptable variation in provision
Tailored services based on real health needs
Improves outcomes, saves and improves lives

Provider

Fair and equitable
Rewards excellence
Provides opportunities

Public

Good value
Efficient and effective
Fast to act

Primary Care Commissioning

Strengths and Opportunities – to maximise opportunities

Standardisation in approach

National standards, commissioning levers operating at local level

Better value for money e.g. one set of legal advice, one set of contracting documentation

To reduce inequality of outcome

To reduce inequality of experience of patients and of contractors

To review the effectiveness of established commissioning support arrangements

Potential concerns – to be dealt with appropriately

Perception of top down

Standardised mediocrity – the lowest common denominator

Local needs become lost

Loss of local intelligence and expertise

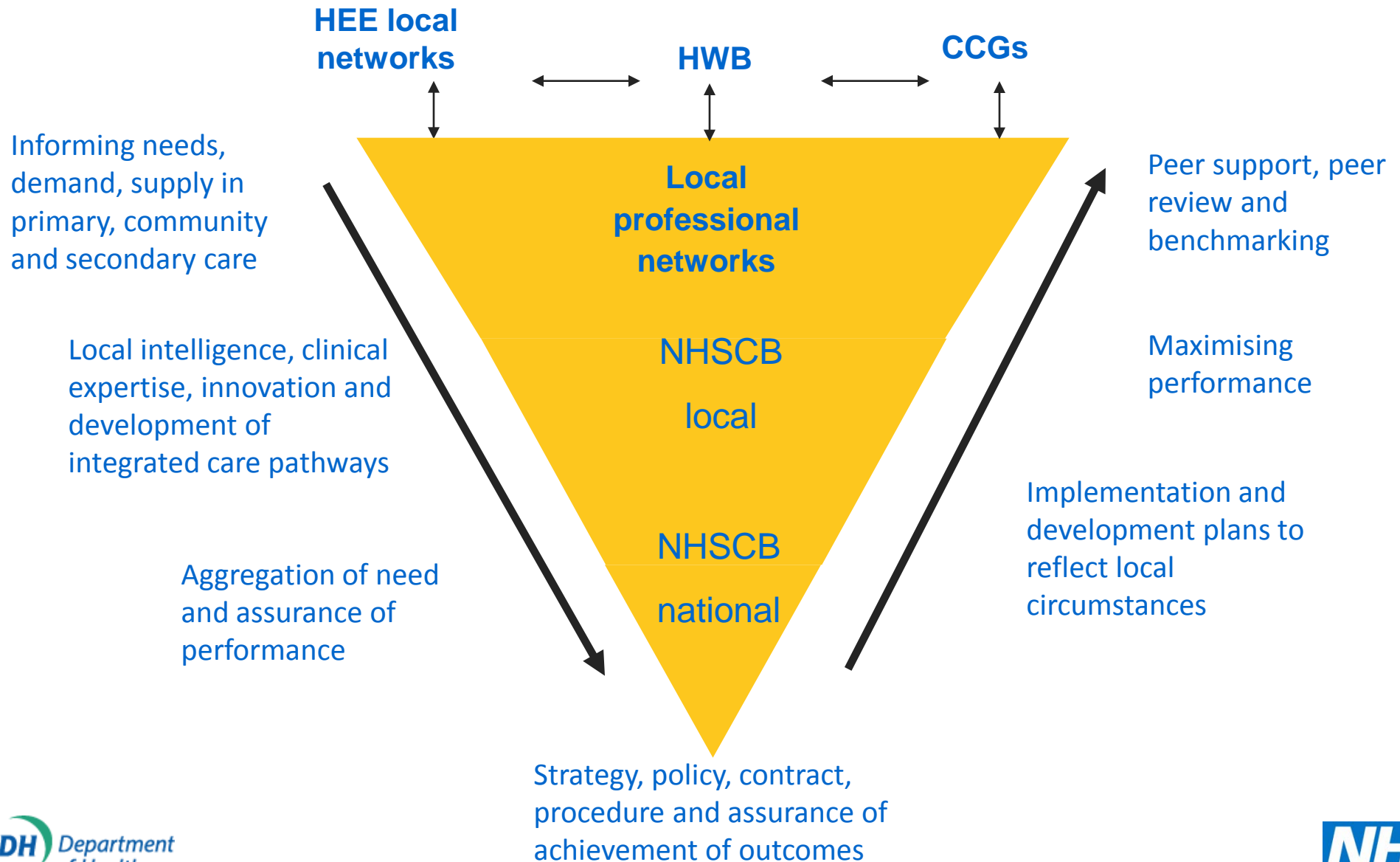
Difficulty recruiting clinicians

Getting traction into a different operating model

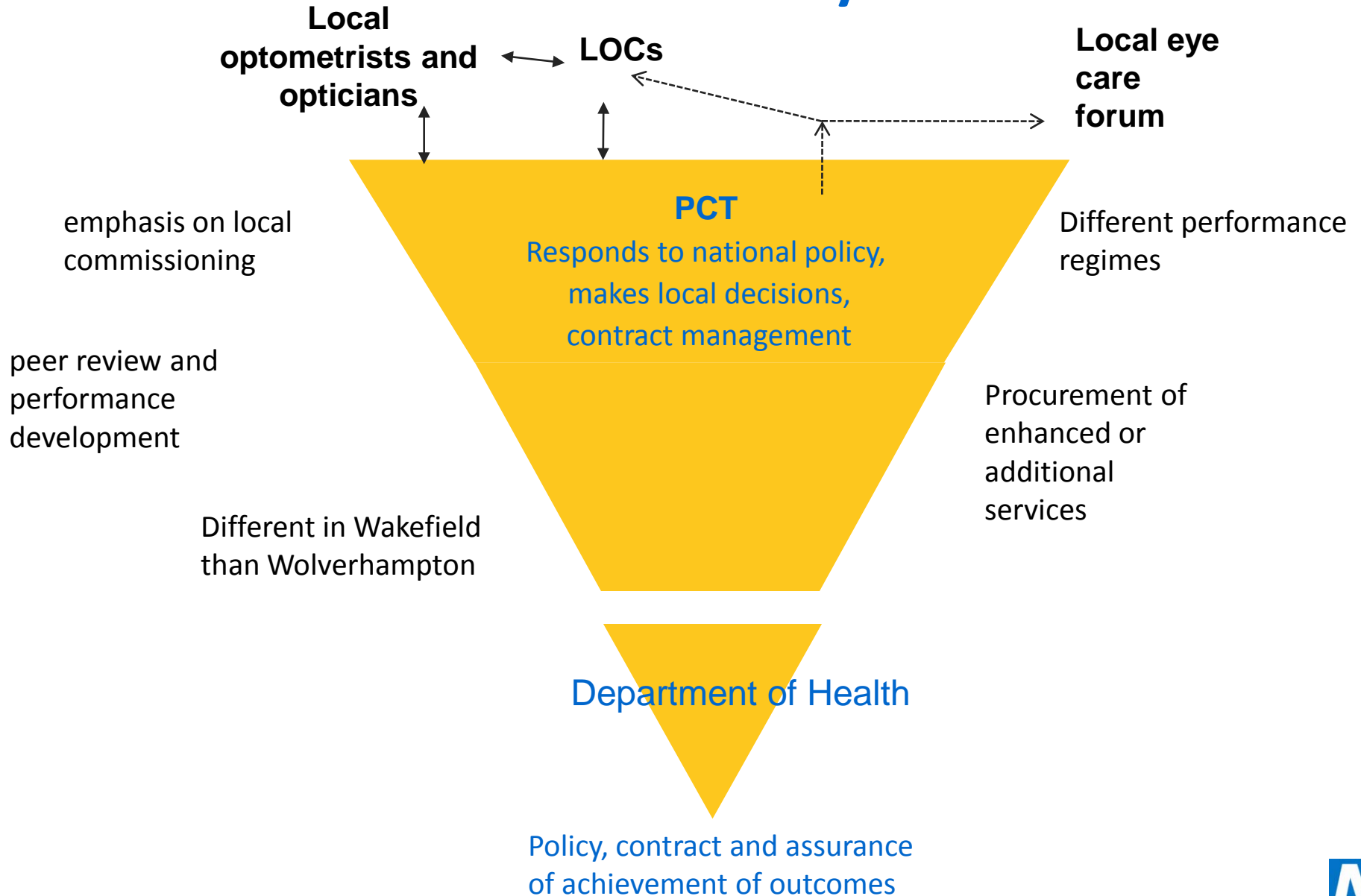
Key features of the operating model

- A single national organisation
- Significant aspects will need to be carried out locally
- Implementation of the national strategy at a local level
- Field force will be responsible for contract management
- Some functions will be done at scale where quality can be maintained and efficiencies achieved
- CCGs will be expected to play a major role in improving quality of primary medical care
- Clinical teams will be embedded into the field force

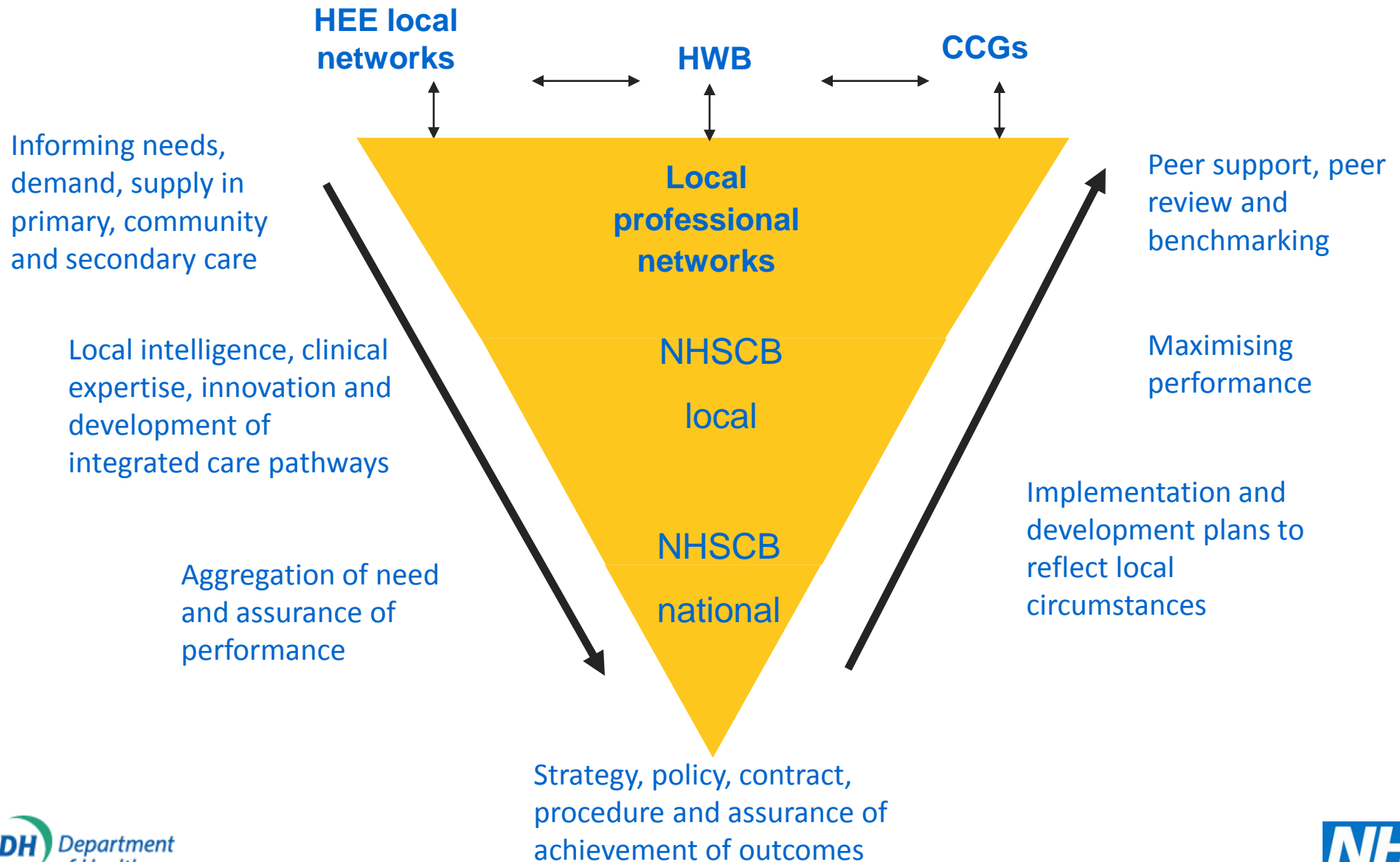
Proposals for the future commissioning of dental, optical and pharmacy



Currently...



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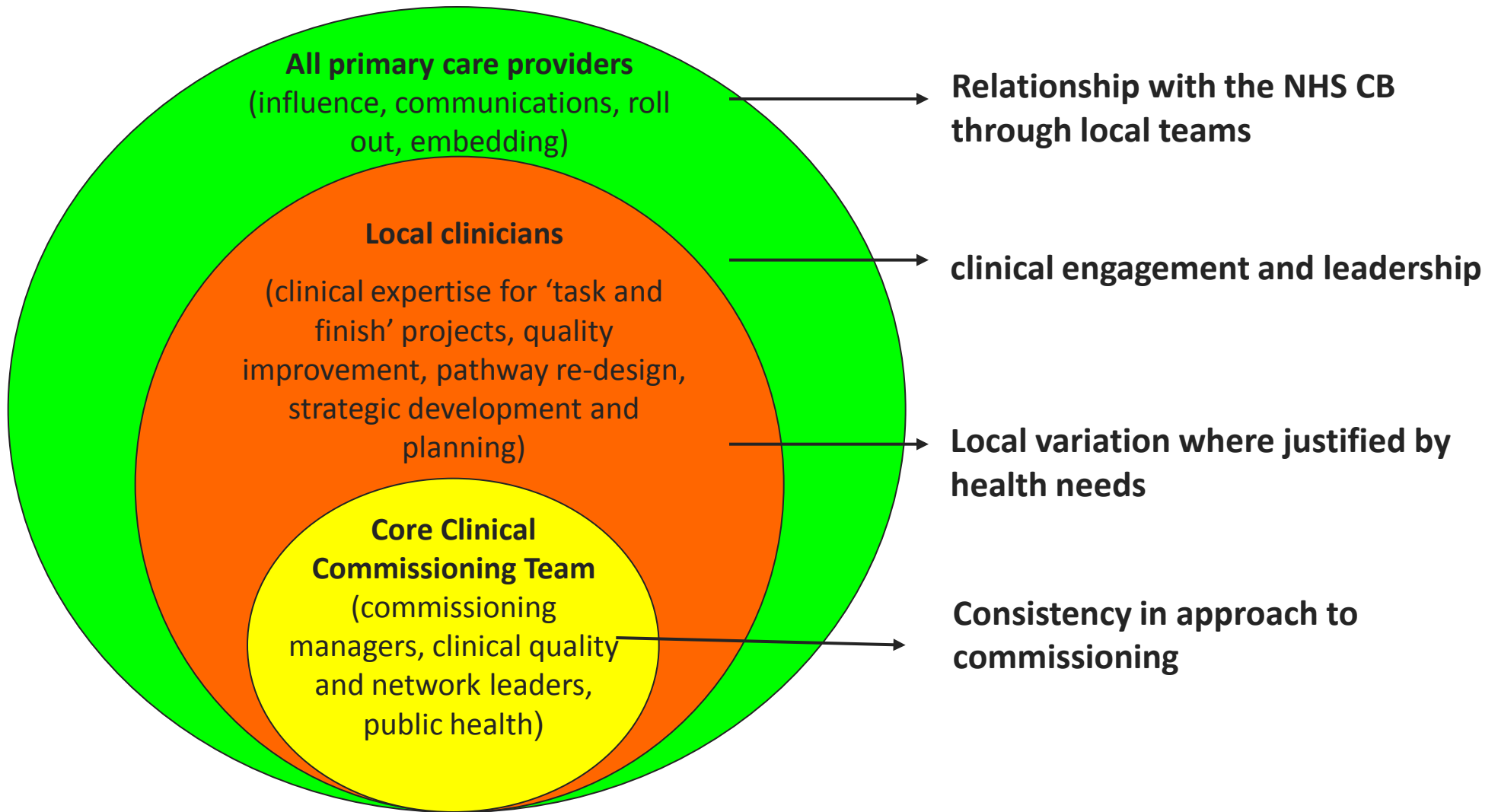


Local Professional Networks (LPNs) in focus

What are they?

- An integral part of the NHS CB local team
- A vehicle for clinically led and clinically owned delivery of;
 - Quality improvement
 - Best outcomes for patients that reflects local need
 - Best use of NHS resources
 - Planning and designing integrated care pathways
 - Oral health strategy and oral health improvement
 - Leadership and engagement
- To ensure **clinical leadership** at the heart of the local operating model
- Design proposals for LPNs describe those **functions where clinical expertise and leadership can add most value** within local commissioning operating model
- Commissioning **managers and clinicians** delivering NHS CB vision together
- **Common purpose**

Local Professional Networks Operating Model



What LPNs could deliver

Within the clearly defined parameters of a single operating model for primary care, our vision for LPNs is that they could deliver:-

- **Quality improvement** – benchmarking, peer support, clinician to clinician conversation, endorsement of ‘what’s good’
- **Transformation** – clinically-led local implementation of national and informing/influencing from local to national
- **Clinical expertise into planning and strategy** – key relationships with HWBs, CCGs, LAs, PHE
- Local clinical expertise and voice to **commissioning decisions**
- Leading **re-design and integration** locally
- **Clinical leadership and engagement**

Challenges and Opportunities

- Shift in culture – ownership within ‘corporate’ model
- The right incentives to be involved
- Governance – conflicts of interest/self interest
- Delivery within the challenges of financial austerity and national operating model
- Demonstrating the design proposals are worth the investment – testing LPNs
- Clinical capacity to provide robust quality improvement and patient outcomes – level playing field
- Clinicians in a leadership role within the system that commissions their services
- Enabling clinicians to design care pathways that best meet patient needs
- Expertise where best adds value

What specifics do we want to test

- Structure and size
- Functions and scale of delivery
- Cost and value
- Relationships with local health economy and HWBs
- Cultural change
- Manager/clinician partnerships
- Practicalities of setting one up – appointments process, engagement, arrangements
- Incentives to engage
- Conflicts of interest and how to overcome
- **CLINICAL CAPACITY AND CAPABILITY AND ANY DEVELOPMENT NEEDS**

