

# Commissioning for today and the future

# Content

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1. New developments in commissioning
  2. World Class Commissioning
  3. Practice based commissioning
  4. Where does this leave community pharmacy?

# Vox populi

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*multiples are more likely to pursue incentives linked with commissioning than the independent pharmacies which are still very much operating in the same way as they used to years ago*

*Commissioning is not as transparent as it should be*

*I have never heard of world class commissioning before today*

*GPs are very much in control allowing them to “cherry pick” the lucrative provider and commissioner opportunities*

*pharmacies haven't done too well out of advanced services such as MUR which probably doesn't make them enthusiastic to develop their service offering further.*

# Commissioning – key policies

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In order of importance to PCTs/PBC

1. Operating Framework 2008/09
2. World Class Commissioning
3. Principles and rules for Co-operation and Competition
4. NHS Next stage review (Darzi)

# Commissioning – drivers and themes for 2008 and beyond

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- Access – 18 weeks and now primary care
- Practice based commissioning – uncertain future
- Competence and capacity in commissioning – the next big thing
- Service redesign - gathering momentum

# Access

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- 18 weeks absorbing 50% of commissioning capacity
- GP led health centre for every PCT
  - Must improve access
  - £880k recurring per PCT
  - Must be new medical provision = 3GPs
  - Must be APMS
  - Set procurement timetable

# Competence and capacity

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- World Class Commissioning and FESC
- 11 Competencies long overdue
- FESC to increase capacity in short term
- Investment in skills and training for long term
- Will take much longer than thought

# World Class Commissioning Competencies

## Lead

1. Locally lead the NHS

5. Manage knowledge and assess current and future needs

6. Identify and prioritise investment requirements and opportunities

7. Influence provision to meet demand and secure outcomes

## Engage

2. Work collaboratively with community partners

3. Engage with the public and patients

4. Collaborate with clinicians to inform strategy, service design and resource utilisation

## Deliver

8. Drive continuous improvement in quality and outcomes through innovation

9. Deploy procurement skills that ensure providers have appropriate contracts

10. Performance manage

11. Manage finances



# FESC



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# Practice based commissioning – where to now?

# Practice based commissioning

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- Range of models still large but crystallizing
- Consortium model becoming standard
- New options for primary care performance
- But evidence of down-grading PBC
- But still a key part of ...
  - Demand management
  - Clinical engagement

# The Operating Framework and PBC

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*'Practice-based commissioning (PBC) is central to world-class commissioning and is here to stay'*

*'It is up to PCTs to make sure that PBC succeeds – by ensuring that their practices have their 'fair share' of the budget, accurate and timely information'*

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*'PBC is our most powerful way of reaching local communities, ...a crucial part of how we expect PCTs to address equality issues and reduce inequalities'*

*'We expect PCTs to support PBCs in using their financial flexibility to make the simple changes that improve matters for patients – such as arranging for a replacement carer, so that an elderly person does not end up in hospital when their carer has a routine operation'*

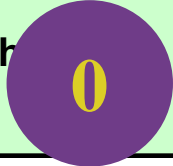
# WCC Competencies and PBC


Lead

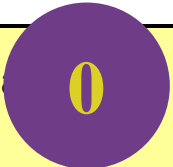
Engage

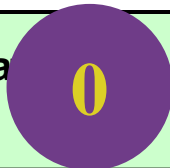
Deliver

1. Locally lead the NHS 

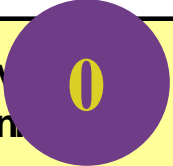
2. Work collaboratively with community partners 

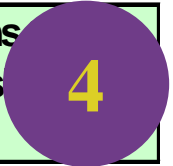
8. Drive continuous improvement in quality and outcomes through innovation 

5. Manage knowledge and current and future needs 

3. Engage with the public and patients 

9. Deploy procurement skills that ensure providers have appropriate contracts

6. Identify and prioritise investment requirements and opportunities 

4. Collaborate with clinicians to inform strategy, service design and resource utilisation 

10. Performance management 

7. Influence provision to meet demand and secure outcomes

11. Manage finances 

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Where does this leave community pharmacy?

# Service redesign still important

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- Achieve 18 weeks
- Reduce costs
- Move care closer to the patient's home
- Address health inequalities
- Improve choice

## World Class Commissioning competence 7.

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stimulates the market to meet demand and secure required outcomes

*'...have in place a range of responsive providers'*

*'...understand the current and future market and provider requirements'*

*'...use their investment power to influence improvement, choice and service design through new or existing providers... effectively shaping their market and increasing local choice of provision'*

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*'This will involve building upon local social capital and encouraging provision via third sector organisations'*

*'Where adequate provider choice does not exist, PCTs will need clear strategies to address this need, especially in areas of relatively poor health experience, access or outcome'*

# Competence 7. – Outputs (selected)

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- Adoption of rigorous and clearly defined commissioning strategy
- Analysis of provider networks and development of joint workforce planning
- Methods by which providers are rewarded for consistent high performance
- Processes for quality assurance

# Principles and rules (1)

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1. Commissioners should commission services from the providers who are best placed to deliver the needs of their patients and population
2. Providers and commissioners must cooperate to ensure that the patient experience is of a seamless health service, regardless of organisational boundaries, and to ensure service continuity and sustainability
3. Commissioning and procurement should be transparent and non-discriminatory
4. Commissioners and providers should foster patient choice and ensure that patients have accurate and reliable information to exercise more choice and control over their healthcare

# Principles and rules (2)

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5. Appropriate promotional activity is encouraged as long as it remains consistent with patients' best interests and the brand and reputation of the NHS
  6. Providers must not discriminate against patients and must promote equality
  7. Payment regimes must be transparent and fair
  8. Financial intervention in the system must be transparent and fair

# Principles and rules (3)

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9. Mergers, acquisitions, de-mergers and joint ventures are acceptable and permissible when demonstrated to be in patient and taxpayers' best interests and there remains sufficient choice and competition to ensure high quality standards of care and value for money
  
10. Vertical integration is permissible when demonstrated to be in patient and taxpayers' best interests and protects the primacy of the GP gatekeeper function; and there remains sufficient choice and competition to ensure high quality standards of care and value for money

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# Opportunities for pharmacy

Discussion

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- *Review of medication on discharge*
  - *Targeted MURs*
  - *Health inequalities*
  - *Virtual practice for patients in residential care*
  - [www.primarycarecontracting.nhs.uk](http://www.primarycarecontracting.nhs.uk)

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Thank you

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