

world class commissioning

The concept of world class commissioning is quickly evolving from 'a caterpillar to a butterfly', believes Michael Schofield.

■ When world class commissioning was first mentioned last autumn the usual reaction was a smart remark or tittering.

I attended the launch event in December 2007 and immediately signed up to the vision, even if I was unsure about the rhetoric and how it was being sold. At the launch event it was described as putting primary care trusts (PCTs) in the driving seat.

What has been unusual with this initiative is that it has been developed in partnership with PCTs for PCTs. For example, PCTs helped to identify the 11 key competencies central to world class commissioning.

By now all PCTs are well aware of what world class commissioning means and are developing their strategic commissioning plans and preparing for the assessment process. Mark Britnall (Director General of Commissioning and System Management, Department of Health) has described this process as being as robust if not more so than that employed by Monitor in its assessment of foundation trusts.

definition

What is world class commissioning? It can be defined as the vision to deliver better health, better care and better value. The aim is to enable people to stay healthier for longer and ultimately to ensure people live longer. Within this ambition issues of health inequalities are not lost and this will remain a focus for PCTs.

The focus of commissioning will be on ensuring that top quality evidence based services are delivered by providers and that people have more choice of services and more control over how they are delivered.

The emphasis on attaining better value is about making informed investment decisions

and also for health organisations to work across boundaries to deliver best care and treatment.

how will this be world class?

The use of the phrase world class captures the high aspirations that run through this initiative. There will need to be a constant focus on investing in and working on outcomes today that may not be delivered until tomorrow and beyond.

making it work

It is important that commissioning teams in PCTs have the right skills, knowledge and training. That in developing plans there is solid engagement of clinicians and commissioning partners to ensure investment delivers the best results and best value. What will make it work?

The competency framework (and the 11 competencies) developed by PCTs is designed to ensure they:

- are recognised as the local leader of the NHS
- work collaboratively with community partners to commission services that optimise health gains and reductions in health inequalities
- proactively seek and build continuous and meaningful engagement with the public and patients, to shape services and improve health
- lead continuous and meaningful engagement with clinicians to inform strategy, and drive quality, service design and resource utilisation
- manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements

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- prioritise investment according to local needs, service requirements and the values of the NHS
- effectively stimulate the market to meet demand and secure required clinical, and health and well-being, outcomes
- promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration
- secure procurement skills that ensure robust and viable contracts
- effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvements in quality and outcomes
- make sound financial investments to ensure sustainable development and value for money.

There is an assurance system that will measure PCTs over three particular aspects:

- the quality of healthcare and ability to deliver key health outcomes and services
- whether the organisation possesses the competencies associated with world class commissioning

- whether the organisation 'measures up' in terms of governance by reviewing board controls and processes, strategies and the long term financial plans.

With this first assessment of PCTs the expectation is that whilst a good assessment on governance is essential, the assessment of competencies will reveal that PCTs are at the start of a journey to become world class.

Therefore the third strand of world class commissioning is around support and development. Collectively PCTs will identify and share best practice examples. The 'talent and capability' plans will set out the organisational development needs and there will be shared working across PCTs.

recognising success

What will success look like? When we get there we will know because:

- people will stay healthier for longer
- people will live longer
- the inequalities gap will be narrower
- there will be vibrant effective partnerships
- local people will be actively engaged
- there will be clear local priorities and a long-term strategy to address them
- we will have innovative practice-based commissioners who work to a common PCT strategy that contains local initiatives that they have developed.

My experiences to date show that foundation trusts and NHS trusts can be forgiven if they are still at the 'tittering stage' when world class commissioning is mentioned. For example, when I participated in the NHS Strategic Financial Leadership Programme at the beginning of this year, I was very surprised to hear that the business school and the main sponsor (Monitor) had not picked up on the significance of world class commissioning.

Similarly, I understood some foundation trust directors were unaware that PCTs had only received their allocations for 2008/09 and that a review of the formula was underway that could change the financial position of their major customers.

change in emphasis

Perhaps I can help the penny drop by explaining that the fundamental change revolves around the fact that until now PCTs have spent funds on delivering targets that are about volume of activity. Moving forward, world class commissioning requires them to focus on making a long term investment to deliver improved health outcomes. That is as radical a change as the one a caterpillar goes through to become a butterfly.

The world class commissioning strap-line that neatly captures this is 'adding life to years and years to life'. PCTs will concentrate on quality and outcomes to ensure that patients receive the right care in the right setting to the right quality.

This change in emphasis is also very clear in the 'next stage' review with the requirement for collecting quality data and tagging the tariff uplift to deliver quality monitoring data to PCTs and to then improve the quality of services delivered. Further details on this will be released shortly, but it will provide PCTs with the levers to deliver world class commissioning.

I hope that foundation trusts and NHS trusts have now grasped what world class commissioning will mean. It will present the whole system with a challenge, but nine months on from its launch I am now not only sold on the vision, but also sold on delivery of the vision. ■

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(Please note Michael is writing in a personal capacity.)

