

worldclasscommissioning



Vision



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Adding life to years and years to life

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Introduction

The NHS Plan in 2000 set out a 10-year programme of reform for the NHS, through which we will be developing an NHS characterised by free choice across a range of providers, competing on quality and outcomes as money follows the patient.

The proposals in the White Paper *Our health, our care, our say* set the strategic direction for delivering healthcare with a greater focus on prevention, on promoting well-being and on delivering services in settings that are more convenient to the people that use them. This new NHS – locally driven, looking outwards not upwards – is designed to dramatically improve the quality of care and the value we get from the public resources invested in health and care services. The interim report from the NHS Next Stage Review signalled where we are going in the journey towards an improved NHS. It talked about an NHS that is fair, personalised, effective and safe, and which is focused relentlessly on improving the quality of care.

Improving commissioning is at the heart of delivering this agenda. The NHS has real potential to develop world class commissioning – investing NHS funds to secure the maximum improvement in health and well-being outcomes from the available resources. As world class commissioners, primary care trusts (PCTs) must take on the mantle of trusted community leaders, working with their local population, partners and clinicians, leading the local NHS.

Better health and well-being for all, better care for all, and better value for all.

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Commissioning a patient-led NHS was published in 2005 and it largely defined the shift to a focus on commissioning through structure and process – moving the emphasis from spending on services to investing in health and well-being outcomes. We are now seeking to build on this by adding vision and content and developing a consensus on the characteristics of world class commissioning.

The Commonwealth Fund paper *Mirror, Mirror on the Wall: An International Update on the Comparative Performance of American Healthcare* (May 2007) claimed that the UK had one of the most progressive and high-performing health systems in the world, scoring highly in quality, efficiency and equity. The very nature of our NHS – comprehensive, universal and free – means that we have the preconditions for world class commissioning. Furthermore, in the tax-funded environment of our NHS – covering all the population and not just those who can afford to pay – we have a strong basis for population health improvements, as well as improving the health of individuals. Commissioners and insurers globally recognise that by coupling these excellent preconditions with the rich information that is

available, we can better exploit the way that we commission, to move from diagnosis and treatment to prevention and promotion. PCTs, practices and Specialised Commissioning Groups have a unique role as commissioners to best invest the funds that they directly receive for their populations. They will be the drivers of this new form of commissioning.

Why ‘world class commissioning’?

So, why use the phrase ‘world class commissioning’? Put simply, it is a statement of intent, designed to raise ambitions for a new form of commissioning that has not yet been developed or implemented in a comprehensive way across any of the developed healthcare economies. We have much to be proud of in the NHS, but also much to excite us. PCTs, practices, Specialised Commissioning Groups and their partners will need to meet the new challenges of the 21st century with changing populations and advances in healthcare. Given this vision and our shared agenda, it would be wrong to describe our ambition for commissioners as anything less than world class.

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World class commissioning is not an end in itself, so in order to prove themselves successful, commissioners will need to demonstrate better outcomes; adding life to years and years to life.

Better health and well-being for all

- People live healthier and longer lives.
- Health inequalities are dramatically reduced.

Better care for all

- Services are evidence based, and of the best quality.
- People have choice and control over the services that they use, so they become more personalised.

Better value for all

- Investment decisions are made in an informed and considered way, ensuring that improvements are delivered within available resources.
- PCTs work with others to optimise effective care.

The vision for world class commissioning will be one that is developed, articulated and owned by the local NHS, with a strong mandate from local people and other partners (such as local authorities). PCTs should state what their vision for world class commissioning is locally, and what they will achieve through continually commissioning better services and delivering better outcomes based on local priorities.

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Organisational competencies of world class commissioners

World class commissioning PCTs will need to develop the knowledge, skills, behaviours and characteristics that underpin effective commissioning. These organisational competencies are described within a narrative of 11 headlines.

1. Locally lead the NHS

- World class commissioners will actively steer the local health agenda and will build their reputation within the community so that they are recognised as the leader of the local NHS. They will seek and stimulate discussion on health and care matters and will be respected by community and business partners as the primary source of credible and timely advice on all matters relating to health and care services.

2. Work with community partners

- World class commissioners will take into account the wider determinants of health when considering how to improve the health and well-being of their local community. To do this effectively, they will work closely and develop a shared ambition with key partners, including local government, healthcare providers and third sector organisations. These relationships are built up over time, reflecting the commitment of partner organisations to develop innovative solutions for the whole community. Together, commissioners and their partners will encourage innovation and continuous improvement in service design, and drive dramatic improvements in health and well-being.

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Patients and the public benefit from services that fit their needs and lives.



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3. Engage with public and patients

- Commissioners act on behalf of the public and patients. They are responsible for investing funds on behalf of their communities, and building local trust and legitimacy through the process of engagement with their local population. In order to make commissioning decisions that reflect the needs, priorities and aspirations of the local population, world class commissioners will engage with the public, and actively seek the views of patients, carers and the wider community. This new relationship with the public is long term, inclusive and enduring, and has been forged through a sustained effort and commitment on the part of commissioners. Decisions are made with a strong mandate from the local population and other partners.

4. Collaborate with clinicians

- Clinical leadership and involvement is a critical and integral part of the commissioning process. World class commissioners will need to ensure demonstrable clinical leadership and engagement at all stages of the commissioning process. Clinicians are best placed to advise and lead on issues relating to clinical quality and effectiveness. They are the local care experts, who understand clinical needs and have close contact with the local population. By encouraging clinical involvement in strategic planning and service design, world class commissioners will ensure that the services commissioned reflect the needs of the population and are delivered in the most personalised, practical and effective way possible.
- World class PCTs need world class, practice based commissioners with whom they work in demonstrable partnership to drive improvements across the highest priority services and meet the most challenging needs identified by their strategic plans. To support this drive towards world class commissioning, Professional Executive Committees have a crucial role to play in building and strengthening clinical leadership in the strategic commissioning process.

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5. Manage knowledge and assess needs

- Commissioning decisions should be based on sound evidence. World class commissioners capture high-quality and timely information from a range of sources, and actively seek feedback from their populations about services. By identifying current needs and recognising future trends, world class commissioners will ensure that the services commissioned respond to the needs of the whole population, not only now but also in the future.
- In particular, world class commissioning will ensure that the greatest priority is placed on those whose needs are greatest. To prioritise effectively, commissioners will require a high level of knowledge management and associated actuarial and analytical skills.
- PCTs are able to anticipate and address the needs of the whole population, including people with long-term conditions. A joint strategic needs assessment, carried out by PCTs and local authorities, provides a rich picture of the current and future needs of their populations. This results in comprehensive and better-managed care.

6. Prioritise investment

- By having a thorough understanding of the needs of different sections of the local population, world class commissioners, along with their partners, will develop a set of clear, outcome-focused, strategic priorities and investment plans. This will require taking a long-term view of population health and changing requirements. Their priorities are formally agreed through the local area agreement. Strategic priorities should include investment plans to address areas of greatest health inequality.
- PCTs make confident choices about the services that they want to be delivered, and acknowledge the impact that these choices may have on current services and providers. They have ambitious but realistic goals for the short, medium and long term, linked to an outcomes framework. They work with providers to ensure that service specifications are focused on clinical quality and are based on the outcomes they want to achieve, not just on processes and inputs.

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7. Stimulate the market

- Everything PCTs do must be geared to improving the patient's experience of NHS services and outcomes of care. All organisations providing NHS services therefore need a deep understanding of what really matters to patients, the public and staff.
- Commissioners will need a choice of responsive providers in place to meet the health and care needs of the local population. Employing their knowledge of future priorities, needs and community aspirations, commissioners will use their investment choices to influence service design, increase choice, and drive continuous improvement and innovation.
- World class commissioners will have clear strategies for dealing with situations where there is a lack of provider choice, particularly in areas where there is relatively poor health and limited access.

8. Promote improvement and innovation

- World class commissioners will drive continuous improvement in the NHS. Their quest for knowledge, innovation, and best practice, will result in better-quality local services and significantly improved health outcomes.

World class PCTs make excellent use of research evidence and information.

- By working with partners to clearly specify required quality and outcomes, and influencing provision accordingly, world class commissioners will facilitate continuous improvement in service design to better meet the needs of the local population. This will be supported by transparent and fair commissioning and decommissioning processes.

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9. Secure procurement skills

- Procurement and contracting processes will ensure that agreements with providers are set out clearly and accurately. By putting in place excellent processes, commissioners can facilitate good working relationships with their providers, offering protection to service users and ensuring value for money.

10. Manage the local health system

- Commissioners will need to manage their relationships and contracts with providers in order to ensure that they deliver the highest possible quality of service and value for money. This will involve working closely with providers to sustain and improve provision, engaging in constructive performance discussions to ensure continuous improvement. Commissioners will need to ensure that their providers understand and promote the values of the NHS.

11. Make sound financial investments

- World class commissioners ensure that their commissioning decisions are sustainable and that they are able to secure improved health outcomes, both now and in the future. Excellent financial skills and resource management will enable commissioners to manage the financial risks involved in commissioning, and take a proactive rather than reactive approach to financial management. The financial strategy will ensure that the commissioning strategy is affordable and set within the organisation's overall risk and assurance framework.

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Policy	Estates
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Document Purpose	Best Practice Guidance
ROCR Ref:	Gateway Ref: 8754
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Author	DH/Commissioning
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Target Audience	PCT CEs, SHA CEs, Local Authority CEs, PCT PEC Chairs, GPs
Circulation List	
Description	World class commissioning is a statement of intent, aimed at delivering outstanding performance in the way we commission health and care services in the NHS. The vision and competencies describe what this shift towards world class will involve, and the organisational competencies that PCTs will need.
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Superseded Docs	N/A
Action Required	N/A
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