COMMISSIONING DEVELOPMENT PROGRAMME

Commissioning Development Programme: Primary Care Commissioning

Jill Loader

Pharmaceutical Services Negotiating Committee Community Pharmacy Conference: 25 April 2012

Plan

- Introduce the NHS CB Authority and NHS CB
- Progress with Primary Care Commissioning work stream
- Introduce LPN concept
- Single Quality Improvement and Performance Framework
- Local Enhanced Services
- Links to broader Medicines Optimisation Agenda

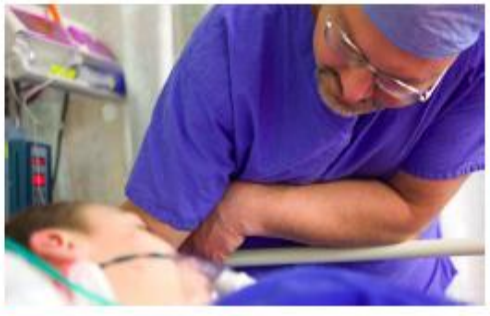
Health and Social Care Act 2012

Government's vision for the future of commissioning building on the core principles and values of the NHS

- to put patients at the heart of everything the NHS does
- focus on continuously improving outcomes for patients
- and empowering and liberating clinicians to innovate.

NHS
Commissioning Board
A special health authority

Design of the NHS Commissioning Board



NHS Commissioning Board
Authority
Board Meeting
2 February 2012

THE NHS CONSTITUTION
the NHS belongs to us all

Appointments

- **Professor Malcolm Grant CBE, Chair**
- **Sir David Nicholson, Chief Executive**
- **Ian Dalton,** Chief Operating Officer
- **Jo-Anne Wass,** Chief of Staff
- **Dame Barbara Hakin** National Director: Commissioning Development
- **Jim Easton,** National Director: Improvement and Transformation
- **Bill McCarthy,** National Director: Policy, Corporate Development and Partnership
- **Paul Baumann,** National Director of Finance
- **Professor Sir Bruce Keogh,** National Medical Director
- **Jane Cummings,** Chief Nursing Officer

- http://www.commissioningboard.nhs.uk/

NHS CB

- Single body responsible for commissioning primary care services for the population of England

- Oversight of CCGs, broader success linked to quality of primary medical care. CCGs will have a statutory duty to support continuous improvements in the quality of primary medical care.

- The NHSCB will commission primary care in a new way, as a single, national organisation, whilst retaining the benefits that a locally responsive approach brings by having a strong and dedicated primary care commissioning expertise in its local offices.

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**

Commissioning of Primary Care

- The direct commissioning work stream has been working to:

- Design a new system of commissioning primary care as part of the development of the single operating model of the NHS Commissioning Board - the operating model

- Have a process of convergence to the new system that ensures a safe and
- proper transfer of responsibilities in 2013

- Ensure that the new system has the capability to transform the provision
- of patient care through better commissioning

Key features of the proposed operating model

The board will be a single national organisation with a **single operating model** and will **hold all main primary care contracts.** This requires consistency of policies, procedures, systems and processes for all contractual matters e.g. single policy Control of Entry, Fitness to practice etc

Some aspects of primary care commissioning will continue to be organised nationally but significant aspects will need to be carried out locally to reflect the large number of local providers as well as the need to ensure commissioning decisions reflect local needs and circumstances

The **Board will drive implementation of the national strategy at a local level** as well as **responding to local** issues in the development of contracting levers and national strategy.

BSA and other **primary care commissioning support** functions will be important to deliver the single operating model

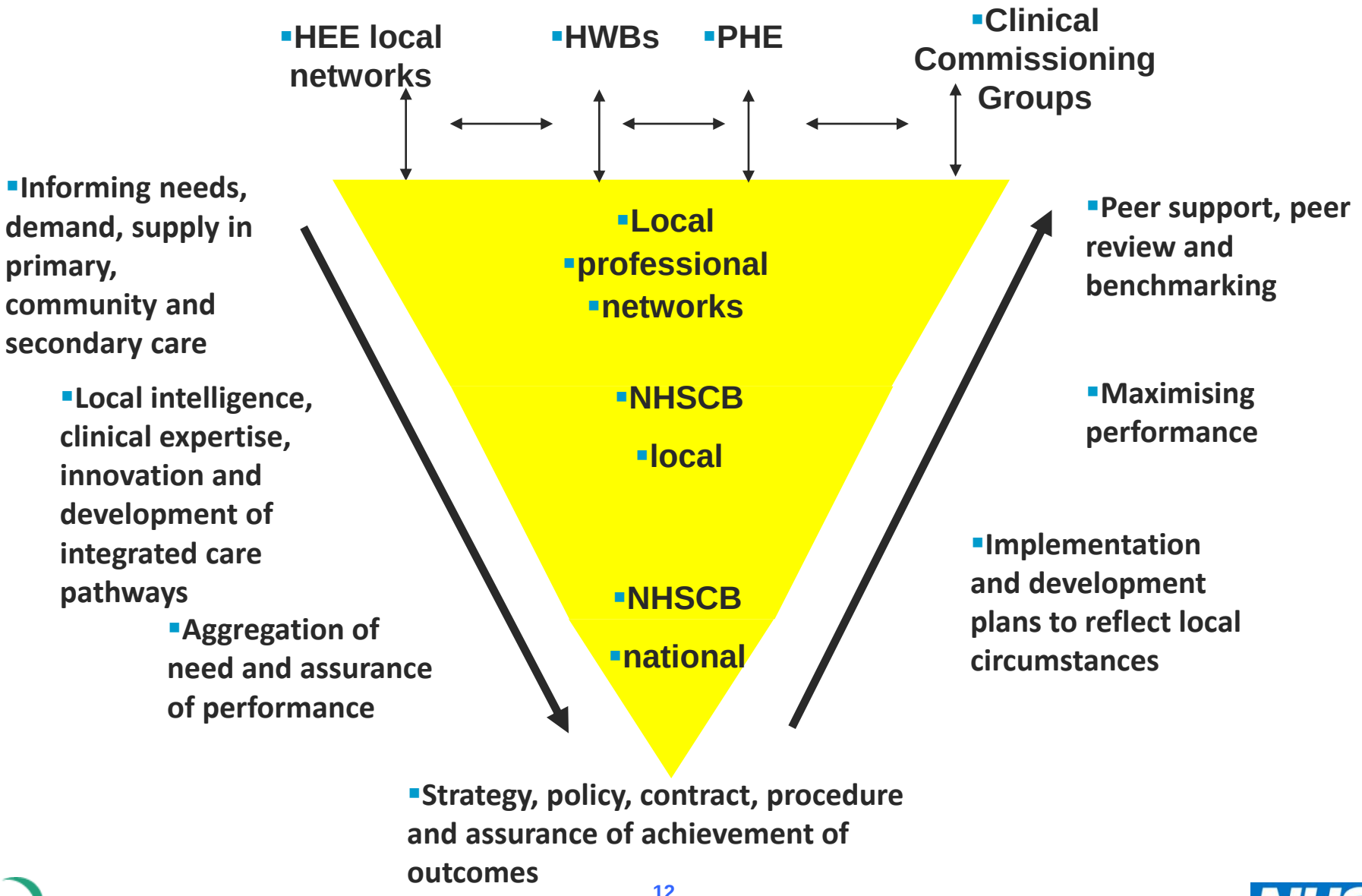
Key features of the proposed operating model

- The local teams will be responsible for contract management, service development and support functions leading to overall quality improvement in line with centrally agreed frameworks. There will be some level of delegation of local commissioning decisions within agreed delegated budgets but within a framework of consistency
- CCGs are anticipated to play a major role in improving quality of primary medical care and be responsible for care pathway design for the majority of NHS services and will have a statutory duty to assist and support the Board in doing so
- For the other 3 independent contractor groups (dentistry, optometry and pharmacy) local professional networks will be embedded into the local teams to provide local intelligence and expertise into the quality improvement work for primary care

What have we learned from the past?

- The evidence over the past few years suggests that 'commissioning' primary care as opposed to contract management leads to **better services and outcomes for patients**.
- **Strong commissioners have improved services** for patients and achieved greater value for money through the removal or remediation of poor performers.
- Commissioners who have **engaged clinicians and patients** have come up with innovative solutions to local problems and some of those **innovations** are now influencing at a national level e.g. the new dental contracts.
- That a **pre-occupation with the contract** as opposed to the relationship with contractors can **stifle quality improvement**.
- That a **sound evidence base** of causes and consequences and a fair and transparent process is required if poor performance is to be addressed.
- That **a clinician has greater impact in conversations** with a contractor than a manager and can evidence change as a result of their intervention.

The NHSCB local arms will require close working relationships with CCGs, PHE and HWBs

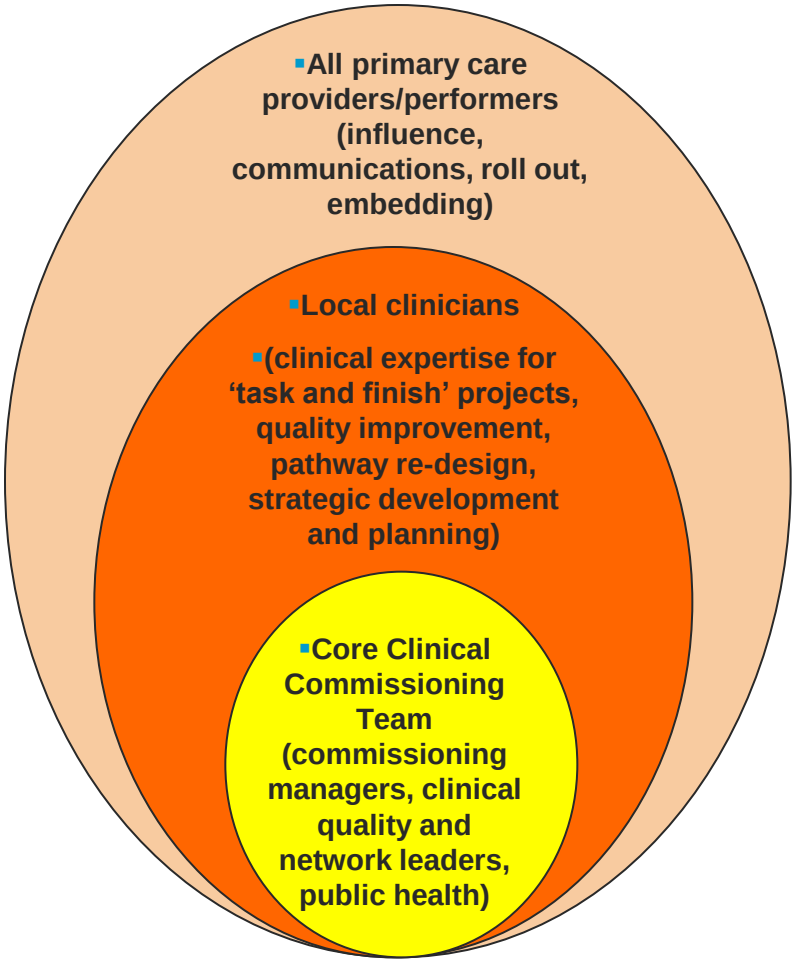


Local Professional Networks in focus

What are they?

- An integral part of the **NHS CB field team** with links to national **clinical networks** and **clinical senates**
- A vehicle for **clinically led** and **clinically owned** delivery of;
  - Quality improvement – GPhC, LPN, local team
  - Best outcomes for patients that reflects local need – JSNA/PNA,
  - Best use of NHS resources – clinically owned commissioning
  - Planning and designing integrated care pathways – leverage in commissioning
  - 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 emerging picture



- All LPNs will:-
- Provide clinical leadership and facilitate clinical engagement at grass roots
- Be a feeder mechanism into other clinical networks/senates and national strategy
- Support and advise the NHSCB in the commissioning of these services
- Advise the Health and Well Being Boards
- Engage with local representative committees
- Maximise quality and performance

- Local dental networks will be concerned with the whole dental pathway and could be the commissioning vehicle for the Board
- Local pharmacy networks will be a source of advice for the local authority and their duty to conduct a pharmaceutical needs assessment (PNA) and promote health living through pharmacy and could add value to the NHSCB's approach to medicines optimisation
- Local optometric networks have more to offer the local health system than the core commissioning responsibilities of the Board

'Primary Care Commissioning: Designing the operating model'

- Line in the sand with where we have got to with proposals for primary care commissioning
- Discussion document
- Has been worked up with local NHS and stakeholders
- Likely to outline local office (area) function in more detail
- Integration with other NHS CB work streams
- Currently testing in 3 PCT clusters re resource allocation financial and average of 30 staff (to include FHS functions)

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 – shift from clinical advisory role to commissioning leadership
- Enabling clinicians to design care pathways that best meet patient needs
- Expertise where best adds value

Testing local professional networks

- 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**

Testing LPNs

- Senior PC leads supporting locally and links to PCT cluster executive
- LPN delivery will be accountable to the most senior clinician/direct commissioner at local level
- Role of LRCs – across all 3, but particularly dental and pharmacy – principles of relationship will be agreed
- Links to wider system and progress on this difficult currently – HWBs/CCGs
- Patient and public involvement and engagement
- Health Education England – Local Education & Training Boards
- Sharing emerging learning and documents

Emerging themes for local pharmacy networks

- LPCs important in supporting developments
- Size and footprint of local pharmacy network of much debate
- Anxiety re performance/quality improvement agenda of local pharmacy network from CPs/LPCs
- Scope of LPN to 'external' potentially huge – how do we prioritise this?
- Links forming to lead NHSCB Medicines Optimisation Network (but NOT source of wider medicines advice to NHSCB or CCGs)
- 'T & F projects' - specific clinical areas e.g. South Staffs COPD, Sussex respiratory, Hertfordshire Transfer of Care, Dorset and Lancashire to deliver a CP strategy including Healthy Living Pharmacies, EPS etc, some are focussing on quality improvement of existing – MURs/NMS, harmonising accreditation, PNA refresh
- Successful in getting all pharmacy sectors communicating around the patient

Testing LPNs support

- Underway now in 12 Primary Care Trust clusters.
- Regional events North, South West, South East, London
- Regular teleconferences
- Public NHS Network http://www.networks.nhs.uk/nhs-networks/nhscb-local-professional-networks-lpns.
- Invited members http://www.networks.nhs.uk/acl_users/credentials_cookie_auth/require_login?came_from=http%3A//www.networks.nhs.uk/nhs-networks/nhs-cb-commissioning-pharmaceutical-services
- There are some regional events taking place to capture and share learning re testing of LPNs - speak to SHA Primary Care Lead.

Quality and Performance Framework: the Principles

- That the quality and performance framework and supporting data set should;
  - resonate with the principles in ‘Developing the NHSCB’ and the 5 clinical outcome domains
  - be clinically ambitious about quality
  - be fit for purpose but not overly bureaucratic or cumbersome and can be flexed in the light of experience
  - be transparent regarding thresholds that may trigger further investigation

The Proposition

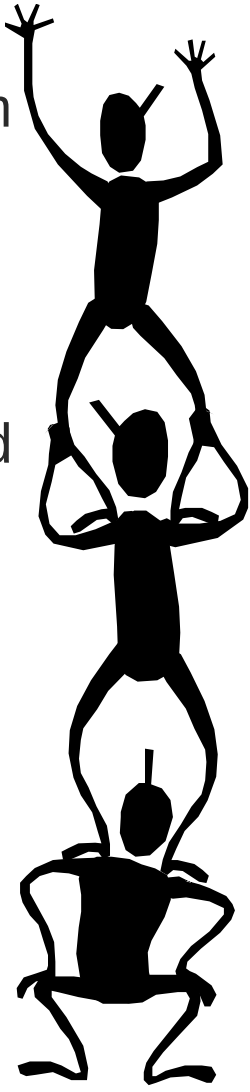
- To create a **national standardised approach** to contract *performance management* of all contractor groups
- With professional input to identify the **characteristics** of *poor and good quality*
- To create a **contract quality and performance data** set relevant to each contractor group and a checklist of supplementary intelligence
- To develop a **transparent framework** that describes the NHSCB relationship with contractors;
  - 'light touch'/low risk
  - 'contract at risk'
  - and those pharmacies that fall between the two

Sensitivity

- Recognise the need to split contract management and sanctions bit from clinically led CQI, as is the case for CCGs
- LPN will work with commissioning managers in local office in the same way
- Expectation that clinicians in CCGs and LPNs and wider network will be accessed for support in improving quality where this is appropriate
- Principles of governance need to apply and aware of some potential commercial sensitivities but felt by professions that these can be overcome.

Role of LPNs in driving quality

- Real understanding local need with an understanding of how, where and why local people access different services to inform local primary care strategy
- True clinical engagement from front line staff in DOP- ownership of CQI by the profession
- Effective relationships so commissioning of services integrated and personalised for the patient.
- Local intelligence – recognising and sharing what is good and supporting poor or deteriorating practice to turn around.
- Peer review and peer support – new culture where this is the norm
- Supporting innovation and making sure what works informs national policy
- Underpinned by strong professional and clinical leadership



Future of Local Enhanced Services

- Need to resolve how services will be commissioned in the future as only NHS CB can commission pharmaceutical services but Local Authorities etc may commission services directly from pharmacy. Pharmacy and Public Health Forum Task Group to look at this.
- Local authorities responsibilities for commissioning see PHE Operating Model and Public Health in Local Government Commissioning Responsibilities - single tender/AQP/open tender
- What about minor ailments services, advice to care home, emergency supplies (NHS) etc that not covered as public health and wellbeing services?
- Need to design infrastructure of Local Office/Local Professional Network to reflect arrangements
- Collecting views from stakeholders.
- Transition plan for short/medium term

Links to Wider Medicine Optimisation Agenda ?

- Local Office role for Medicines Optimisation leadership? LPN, CD AO?, specialist pharmacy services, CDF, HIV etc, authorisation and performance CCGs
- Close links with H&W Boards, LAs and CCGs
- Possibility of shared commissioning support
- Medicines Optimisation Network in NHS CB led by Patient/Public- need joined up approach – integrated cross sector care around the patient

Clinically led exemplar commissioner focusing delivering outcomes for patients

Breakout LPNs and LPCs - have your say (Jill Loader)

- What is the role of the LPN (as distinct from that of the LPC)?
- How can/are LPCs working effectively with LPNs?
- What might be/are some of the problems or barriers emerging?