How to Influence Commissioners in the New NHS

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Who are the Commissioners in the new NHS system?

Clinical Commissioning Groups (CCGs)

NHS Commissioning Board (NHSCB)

- primary care (GP, Dental, Optical, Pharmaceutical)
- public health services
- offender health
- military health
- specialised commissioning

Only CCGs and the NHSCB are accountable for commissioning and delivering contracts

Legal contracts with providers of services “Standard NHS Contract”
The Outcomes Framework Drives Commissioning

National level – The Department of Health

3 Outcome Frameworks

- NHS Outcomes Framework/Mandate
  
  DH>NHSCB>CCGS

- Public Health Outcomes Framework
  
  DH>PHE>Local Authority Upper Tier

- Adult Social Care Outcomes Framework
  
  Supports Councils/Local citizens to hold social care system to account
The Outcomes Framework Drives Commissioning (2)

Local level - Health and Wellbeing Boards

• Shared Outcomes Indicators inform strategic planning
  • Joint Strategic Needs Assessment
  • Joint Health and Wellbeing Strategies
  • Underpin local commissioning plans
The Five Domains of the NHS Outcomes Framework

Domain 1 - Preventing people from dying prematurely

Domain 2 - Enhancing the quality of life for people with long term conditions

Domain 3 - Helping people to recover from periods of ill health or following injury

Domain 4 - Ensuring people have a positive experience of care

Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm

Patient Rights - the NHS Constitution
How is Commissioning Held to Account?

“Everyone Counts: Planning for patients 2013/14”

The NHSCB annual document that supports CCG planning

CCGs Outcomes Datasets – measurement

Quality premiums for CCGs if they meet requirements

CCGs need to work with providers /AHSNs to establish agreements that help them meet national and locally (3 areas) agreed priorities

Commissioning intentions in the autumn prior to contracts

Contracts/CQUIN

CCG plans are overseen by 4 Regional Offices and 28 Area Teams of the NHSCB

NHSCB also holds itself to account for directly commissioned services
Strategic and Supportive Organisations to Commissioners

NICE guidance, standards and technology appraisals

Specialised Commissioning - Clinical Reference Groups

Commissioning Support Units

Strategic Clinical Networks

NHS Improving Quality

Clinical Senates

Academic Health Science Networks
Cancer and Commissioning: Who Commissions What?

CCGs

Common cancers - Breast, Colorectal and Lung

Chemotherapy delivery for these cancers

Services provided by local MDTs

Supportive care for the above
Specialised Commissioning/NHSCB

Rarer cancers - Services provided by Specialist MDTs

All radiotherapy

All systemic anti-cancer therapy drugs (SACT)

All SACT delivery (except for common cancers)

Supportive care for the above
Cancer Commissioning and London

Cancer is a London-wide priority

Saving 1,000 lives

Transformation of cancer services

Improving patient experience of care
Cancer Commissioning and London (2)

London Cancer Commissioning Board

Brings together CCGs, the NHSCB and Public Health

Commissioning Teams for cancer in CSUs

Commissioning Intentions published for 2013/14

London’s aim for cancer

• Strong integrated commissioning systems – who funds should be invisible

• Strong integrated cancer systems (ICS) to support care across pathway
Survivorship and Commissioning

London Cancer Commissioning Boards Commissioning intentions include:

- Improving patient experience and care coordination through the implementation of three tools to support patients living with and beyond cancer
  - Holistic Needs Assessments
  - Treatment Plans
  - Treatment Summaries
- Deliver care closer to home for EOLC

Domains 2 and 4

- Key issues for Commissioner action set out in ‘Everyone Counts’
Survivorship and Commissioning (2)

NICE final scope for bladder etc includes

• What are the information and support needs of patients at diagnosis
  options for treatment
  palliative care?
• What is optimum follow up?
• Issues for psychological well-being
How Can You Influence Commissioning? (1)

Explore how your priorities help Commissioners deliver on their priorities for improvements in outcomes.

Discuss priorities in Pathway Boards and other London Cancer Groups.

CCG/GP representatives on Pathway Boards etc to raise awareness within their CCGs.

London Cancer discussions with CCGs and with London Cancer Commissioning Boards re annual commissioning intentions.

London Cancer discussions with Local Health and Well-Being Boards on early diagnosis and integrated services across health and social care.

Input into Joint Strategic Needs Assessment processes.

Spread innovation within and across providers through Pathway Boards.

Raise awareness of commissioning priorities and ensure they are included in Trust business planning processes.
How Can You Influence Commissioning? (2)

**NICE Guidelines and Standards**
become a stakeholder and input to NICE consultations
be aware of NICE programme of work
• bladder, melanoma, familial breast cancer, prostate update

**NHSCB Clinical Reference Groups for Specialist Services**
actively engage in consultations on commissioning products/policies

**NHS Improving Quality (NHS IQ)**
actively engage in projects of service redesign

**Peer Review**
Transparency and active engagement in self assessment processes and visits