Clinically-led commissioning – *The Health and Social Care Act 2012*

"Clinical commissioners have a crucial role to play in ensuring that care is integrated and delivered in the community, with maximum input of local people and patients. Also, by working to overcome the barriers between the NHS and social care, they will be able to provide patients with better, seamless and more accessible care." *Dr Michael Dixon, Chairman of the NHS Alliance* (18 June 2011).

Context

1. Clinical commissioning will empower NHS professionals to improve health services for the benefit of patients and communities. It will remove political interference and micromanagement in decisions about people's care.
2. Most NHS services will be commissioned by clinical commissioning groups (CCGs). GPs are ideally suited to lead on commissioning based on their understanding of the needs of their patients and local communities.
3. Unlike previous approaches to GP-led commissioning, such as practice based commissioning, this will be a universal system involving all practices. CCGs will hold real budgets and be able to reinvest any savings they generate in patient care.
4. An autonomous NHS Commissioning Board will help develop and support capable CCGs and hold them to account for improving outcomes for patients and getting the best value for money from the public's investment.

Key legislative changes

5. ***Responsibility where it belongs.*** The Act makes CCGs directly responsible for commissioning services they consider appropriate to meet reasonable local needs. The Board will support them by providing guidance and tools, based on the best available evidence, to enable them to commission effectively. It will also pick up those services it would not be possible or appropriate for CCGs to commission – such as primary care services, although CCGs will play a key role in driving up the quality of primary medical care locally.
6. ***Core duties.*** CCGs and the Board will be subject to a number of duties that did not previously apply to PCTs or SHAs, which put patient interests at the heart of everything they do. These include new duties in relation to promoting the NHS Constitution; securing continuous improvements in the quality of services commissioned; reducing inequalities; enabling choice and promoting patient involvement; securing integration; and promoting innovation and research.
7. ***A collaborative approach.*** CCGs will have to work with each other, and with local partners to be effective. Both CCGs and the Board will be required to obtain advice from a people with a broad range of professional expertise. This should include working closely with clinical senates and networks. They must also work with the local health and wellbeing boards, in assessing local needs, and developing commissioning plans to meet them.
8. ***Focus on outcomes.*** The Secretary of State will set the strategic direction through the mandate for the Board and the NHS Outcomes Framework. This will inform the Commissioning Outcomes Framework which the Board will use to assess the performance of CCGs. CCGs will have the freedom to pursue innovative approaches to delivering care that will deliver improved outcomes for patients.
9. ***Accountability and assurance.*** The Board will be responsible for ensuring an effective and comprehensive system of CCGs. The Board will only authorise a CCG if it meets certain criteria, including: having an appropriate accountable officer; a governing body with both lay and wider clinical membership; a constitution which sets out arrangements for making decisions, ensuring transparency and for managing potential conflicts of interest; and that it is able to take on its commissioning functions.
10. ***Financial management.*** The Secretary of State will set an overall budget for the Board through the mandate, with the Board doing the same for CCGs. The Secretary of State will also set an overall limit on the amount that can be spent on administrative costs in the system. The Board will hold CCGs to account for their financial management. The Chief Executive of the Board, as Accounting Officer, will be accountable both to the Department of Health and to Parliament.

Factsheet B1 provides details regarding the commissioning changes within the Health and Social Care Act 2012. It is part of a wide range of factsheets on the Act, all available at: www.dh.gov.uk/healthandsocialcarebill

BACKGROUND ON PATHFINDER PROGRAMME

- **There are already 253 pathfinder commissioning groups in place covering around 95% of GP practices and the vast majority of the population.** Pathfinders are groups of GP practices, who see themselves as emerging clinical commissioning groups and want to move quickly to take on additional roles using powers and budgets delegated to them by PCTs within the current statutory framework.

- The aim of the programme is to enable GPs and other health and care professionals to test different design concepts of clinical commissioning and identify any issues and areas of learning early so that these can be shared across the clinical community. They will create learning networks across the country to ensure that best practice is spread and specifically that pathfinders support other local groups who are less developed.

CASE STUDY – EXAMPLES OF CLINICAL COMMISSIONING IN ACTION

- **By empowering clinicians to commission services directly, working closely with their local partners, results for patients can be improved alongside more efficient use of NHS resources. The Act creates an environment where this can become the norm.**

- Clinically led commissioning in pathfinder areas is already having an impact by inspiring new and innovative solutions to local health care issues, such as supporting patients in the community and reducing avoidable admissions to hospital.

- Responding to an increase in the number of emergency admissions to hospital from care homes in Bedfordshire, local GPs implemented a multidisciplinary care team to deliver more intensive care to patients in nursing and residential homes. The team, consisting of GPs, pharmacists and nurses, focuses on care homes with higher than average use of urgent care services. This proactive care planning and risk identification has resulted in significant improvement in experience and confidence of patients and their families and has led to a 38% decrease in hospital admissions from the care homes.

- Clinical-led commissioning has driven a scheme in Swindon to help patients with life-long or long term conditions remain at home. Telehealth technology alerts health professionals when patients need intervention and means patients can live independently in the familiar surroundings of their own home. The NHS can spend its money more efficiently: avoided A&E attendances and admissions for one patient alone are estimated to have saved the NHS £13,000 in three months.

- As part of a pilot, in Newcastle, GP practices were given the opportunity for a specialist company to run a search software programme on their patient database, which identified patients at risk of a serious chronic obstructive pulmonary disease (COPD) episode. These patients were invited in for tests and treated according to the Newcastle COPD guidelines, and will now receive ongoing education and support to help them to manage their condition. The pilot project has reduced unplanned admissions for COPD by around 70 per cent, resulting in cost savings of around £50,000. This is now being rolled out to other practices in the area.

FURTHER INFORMATION

- NHS Commissioning Board Special Health Authority website. Access the latest news on the work of the Commissioning Board Authority, including Board meeting papers.
- More information on the pathfinder programme is available on a special website on the Modernisation of Health and Care
- *Developing the NHS Commissioning Board* (July 2011) and *Developing Clinical Commissioning Groups: Towards Authorisation* (Sept 2011) are also available on the DH website.