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Commissioning to make a bigger difference – A guide for NHS and social care commissioners on promoting service innovation

How do we know that what we plan to do will lead to a service innovation or ... make a bigger difference? These guides illustrate methods and tools to help NHS teams answer this question. Using

methods and tools that support a specific 5-step process framework, with a special focus on world-class commissioning, and a 'Culture for Innovation' section describing seven factors that

organisational studies show are linked to innovative output.

(Published June 2008)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085753

Next steps in NHS reform, report of an expert working group

The pace of change and reform in the NHS has been relentless as government and those who work in the NHS seek ways to improve the service. The King's Fund set up an expert working group to examine how effective the current incentives were in achieving this aim. The group

focused on the role of PCTs as commissioners and on practice-based commissioning but discussed other issues, including patient choice. This paper includes specific proposals for government, the Department of Health, strategic health authorities and primary care trusts.

These conclusions should feed into Lord Darzi's review and help to clarify the next steps for the NHS.

Published June 2008, 40 pages)

http://www.kingsfund.org.uk/publications/kings_fund_publications/making_it_happen.html

World class commissioning assurance system

The delivery of the world class commissioning vision and competencies will take place within a commissioning assurance system. There will be one national system of commissioning assurance, locally managed by strategic health authorities (SHAs). There will be flexibility to set local priorities. Commissioning assurance will be designed to help primary care trusts (PCTs) identify areas of development and move towards filling gaps in their capabilities.

<http://www.dh.gov.uk/en/Managingyourorganisation/Commissioning/Worldclasscommissioning/Assurance/index.htm>

NHS Next Stage Review: Our vision for primary and community care

The Department for Health's vision is for primary and community care to provide high quality, personal care and support, treating people when they're sick and helping them stay healthy, where and when they need it most.

Primary and community care services are regarded with pride at home and admiration abroad. Thanks to the dedication of family doctors, community nurses, health visitors, allied health

professionals, social care professionals, pharmacists, dentists and opticians, most patients enjoy good quality care, close to home. There are high levels of satisfaction with services and trust in the staff who provide them.

We need to ensure that high-quality care is a consistent part of everyone's experience of primary and community care. Services need to evolve to reflect changes in healthcare and society. This

document sets out a vision for how services will continue to grow and develop over the next ten years. It is a vision of a continuously improving service, where essential standards are guaranteed and excellence is rewarded.

(Published 2008)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085937

Shifting the Balance of Care to Local Settings

Government health policy has been encouraging a shift in the balance of care from hospital to community settings. The Department of Health commissioned The King's Fund, in partnership with Loop2, to undertake a simulation-based project entitled SeeSaw to understand how this shift in care could be achieved. This report outlines the simulation process and describes the event itself. The majority of the report, however, focuses on the learning that emerged during the event and in all the subsequent discussions on the implications for policy-makers, managers and professionals working in the NHS, in social care, and in the independent sector.

((Published June 2008, 72 pages)

http://www.kingsfund.org.uk/publications/kings_fund_publications/shifting_the_balance.html

The future of commissioning

This supplement contains five articles on various aspects of commissioning. The topics covered are: patient and public engagement; quality assurance; practice based commissioning and joint working.

Health Service Journal 2008; 118 (6110): 1-9 (12 June 2008 Suppl.)

Financial risk in health purchasing: risk pools

The point of minimum financial risk is reached by placing between 20 per cent and 40 per cent of the inpatient budget into the risk pool. Allocating only five per cent of the budget to a risk pool requires a population base equivalent to the whole of England to achieve a one per cent tolerance on the risk pool. Moving 35 per cent of the practice based commissioning [PBC] inpatient budget into a primary care trust [PCT] held budget leads to between three per cent and eight per cent risk associated with the PCT retained budget for the largest and smallest PCTs in England respectively, i.e. only risk pools consisting of groups of PCTs are sufficiently large to mitigate financial risk.

British Journal of Health Care Management 2008; 14 (6): 240-245

Financial risk in practice based commissioning

The financial risk associated with healthcare budgets is high. To operate within a financial tolerance of less than three per cent a PBC [practice based commissioning] group will need a population of greater than 50,000 (budget £15 million). The point of minimum financial risk is reached by placing all admissions costing more than £3,000 into a larger risk pool. A core of 47 HRGs [health resource groups] accounting for 30 per cent of the budget, are the only HRGs with sufficient volume for a PBC group to discern whether a statistically significant reduction in costs has been made.

British Journal of Health Care Management 2008; 14 (5): 199-204

A practical guide to commissioning children's palliative care education and training: consultation document

The purpose of this document is to support commissioners in their work with local service providers and education providers as they develop workforce plans to ensure the development of children's palliative care services. In commissioning for quality and choice, there are likely to be a diverse range of potential services and a mix of approaches to provide palliative care services for children and their families. This document aims to provide a framework in accordance with the Children's Workforce Development Strategy to ensure a workforce to provide children's palliative care that:

- Is competent and confident;
- People aspire to be part of and want to remain working for
- Develop skills and builds satisfying and rewarding careers; and is recognised and transferable in all locations they work
- Children, young people, parents and carers trust and respect.

(Published June 2008, 22 pages)

<http://www.act.org.uk/dmdocuments/A%20Commissioning%20Framework%20for%20Education%20and%20Training%20final%20draft%2008.doc>

Other documents and conferences

World class commissioning programme - June update

http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_085857

Review of co-payment rules welcome - the challenge must be to preserve basic NHS principles, says King's Fund

http://www.kingsfund.org.uk/media/review_of_copayment.html