



Health
Policy
Forum

Making commissioning effective
in the reformed NHS in England



EXECUTIVE BRIEFING: Making commissioning effective in the reformed NHS in England

Successive Department of Health (DH) initiatives have sought to achieve widespread, sustained service reconfiguration in the NHS, aiming to deliver patient-centred services closer to where people live and work. This has proven to be extremely challenging, and the DH has concluded that fundamental reforms to NHS commissioning are necessary to drive change.

Effective commissioning will assure service users and tax payers that those who configure and contract health services on their behalf are doing so in a manner that achieves the best possible health outcomes and provides value for money.

But what is effective commissioning; what does it look like? This is the question the Health Policy Forum – a collaboration of the national bodies representing pharmacy¹ – recently asked the Health Services Management Centre (HSMC) at the University of Birmingham and the King's Fund to investigate.

The resulting report – Making commissioning effective in the reformed NHS in England² – will enable commissioners to benchmark and help Strategic Health Authorities and others to performance manage commissioners. We believe it constitutes a useful contribution to the ongoing debate on NHS reform.

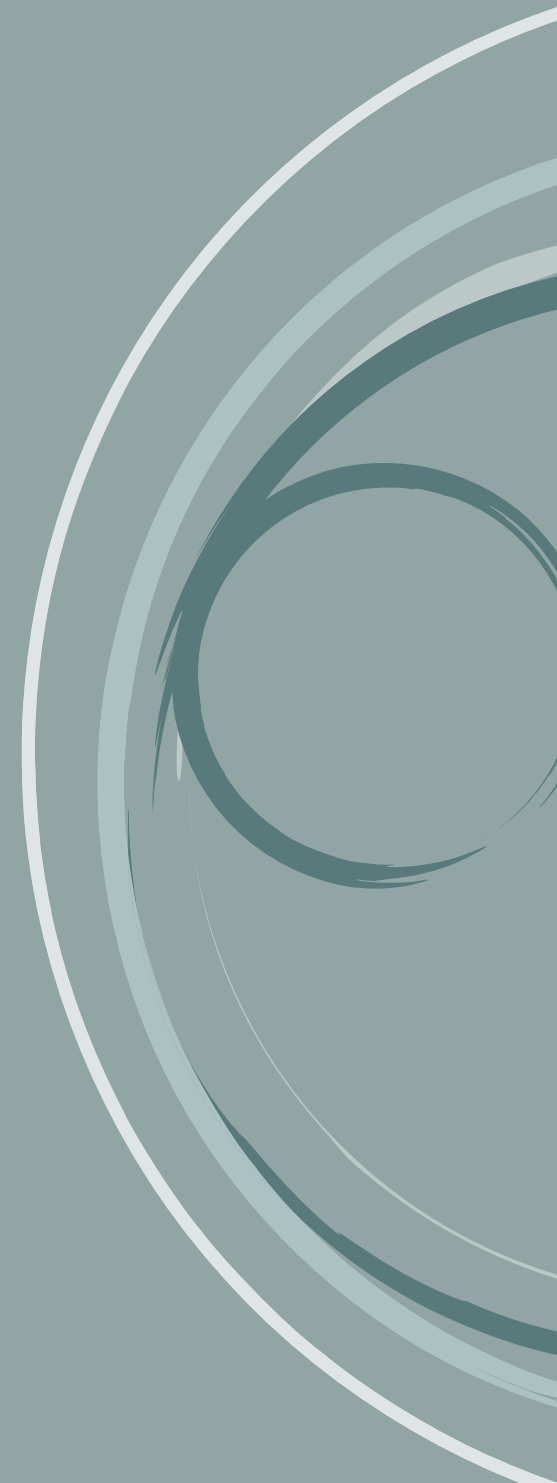
This executive briefing summarises the findings and sets out the Health Policy Forum's perspective on them. The full research report can be viewed at <http://www.rpsgb.org.uk>

Why is this important to the Health Policy Forum?

Why are the bodies representing pharmacy so interested in the question of what constitutes effective commissioning? Simply because ineffective commissioning will perpetuate the status quo in which the pharmacy profession's considerable potential to improve health outcomes is not realised due to limited commissioning of enhanced pharmacy services.

¹ The Health Policy Forum was established in 2005 to commission work designed to inform policy debate amongst pharmacy organisations and the wider policy-making community. Its members are: the Company Chemists' Association; the National Pharmacy Association; the Pharmaceutical Services Negotiating Committee; and the Royal Pharmaceutical Society of Great Britain.

² Smith JA, Lewis R and Harrison T (2006) Making commissioning effective in the reformed NHS in England. London, The Health Policy Forum



WHAT EFFECTIVE COMMISSIONING LOOKS LIKE

The analysis carried out by the HSMC/King's Fund researchers identified four key elements of effective health commissioning which we have reproduced below:

The identification of need and demand

Commissioners should explore what local people are demanding, as well as needing, from services in a much more serious and sophisticated manner. In doing so, PCTs can learn from the experience of the wider public and private sector about the use of social marketing, market research, in-depth public surveys, and other predictive analytical techniques.

The shaping of markets

As a consequence of the policy of patient choice, the focus of commissioners will shift from agreeing detailed volume contracts to ensuring that a proper 'menu' of services exists. PCTs will need to be proactive in stimulating and regulating a local care market, learning from the experience of social care purchasing, and this will include a need for arrangements to ease market entry for some providers, manage the exit of others, and assure transparent rules for the local market.

Holding the market to account

PCTs, as stewards of local health funding and decision making, will have to hold the local care market to account. They have to ensure that the 'commissioning basics' are in place and that resource is allocated for specifying and measuring contract outcomes. A 'bolder' approach to commissioning is required, with clarity about how services will be reviewed and what actions will be taken as a result of such reviews.

Holding commissioners to account

The strengthening of the public voice in commissioning requires PCTs to develop new and more radical approaches to engaging the public and patients in their commissioning, as well as developing robust approaches to assure the public of transparency and legitimacy in PCT decision making.

WHAT COMMISSIONERS SHOULD DO RIGHT NOW

The researchers recommended the following as immediate priorities for PCTs:

Identifying need and demand

Map existing approaches to needs assessment and the surveying of demand in the PCT area for a few discrete services that encompass a wide range of service provision both within and beyond the NHS (for example, long-term conditions, first contact care for minor conditions, emergency admissions to hospital) and identify gaps within this process of data collection and analysis.

Develop a clear strategy for the assessment of both need and demand for a set of the services mentioned above, demonstrating a range of techniques that will be used, and including sources from beyond the PCT. Consider piloting a few new approaches to the assessment of need and demand, perhaps within the context of sharing that learning with other neighbouring PCTs.

Market shaping

Develop a transparent procurement framework that sets out how all benefits (financial and non financial benefits) will be valued in the procurement process.

Agree local rules for competition management in the commissioning of (particularly primary, community and intermediate) care. Rules should define anti-competitive behaviours and acceptable market penetration by single providers.

Map the potential health market (and providers) for key local services such as those related to care for people with long-term conditions and first contact care. Set up systems to communicate effectively with these providers.

Holding the market to account

Ensure that the 'commissioning basics' are in place, and be clear about which part of the organisation (or its sub-contractors) is responsible for which element.

Develop a clear plan for how the performance of providers or a specific sub-set of providers will be reviewed (perhaps the same services as those singled out for in-depth analysis of need and demand), and how the PCT will act on and account for the results of such reviews.

Devise procedures for how the PCT (with other PCTs as necessary) will handle complex priority setting decisions, learning from the experience of other PCTs nationally. Draw on experience from other disciplines when developing these approaches, including health economics, public consultation and the law.

Holding commissioners to account

Develop new mechanisms to engage the public and patients in the commissioning agenda for the purposes of greater public accountability, making sure that this encompasses the assessment of need and demand, the holding of the market to account, and formal accountability processes between the PCT and its local population.

Consider how the PCT might focus this renewed attention to public engagement on a few services in the first instance, given the known complexities in developing public involvement and the limited resources available both to commissioners and within communities.

Set out minimum criteria for public engagement within practice based commissioning as well as offering developmental support to practice based commissioners in this respect.

Consider the development of alternative models for the governance of practice based commissioning, paying particular attention to accountability to the public and the scrutiny and management of conflicts of interest.

THE PHARMACY CONTEXT

Pharmacy basics

There are almost 40,000 practising pharmacists, plus pharmacy technicians and other support staff, in Great Britain, working across a range of sectors.

Britain's 12,000 community pharmacies are visited by members of the public over two billion times each year, and nine in ten of us visit a pharmacy at least once a year. Of all health professionals, pharmacists have the most comprehensive education and training in the use of medicines for the



prevention and treatment of disease. From this base, pharmacy is growing into the provision of a wide range of primary care services – encouraged by a new community pharmacy contractual framework that rewards quality services, and new professional powers, such as the ability to independently prescribe medicines.

The current scope and scale of pharmacy's extended role is described in Box A (see page 6). More effective commissioning would increase both scope and scale, such that services on the ground match the aspirations repeatedly set out by the DH (see Box B):

Identifying need and demand

If commissioners accurately and comprehensively assess need and demand, they will discover that there is a greater need and demand for pharmacy services than is currently acknowledged by PCTs. The *Your health, your care, your say* listening exercise revealed public demand for pharmacists to have an increased role in providing support, information and care³. Numerous user surveys have found that accessibility and convenience are among the major strengths of pharmacy based services⁴.

Market shaping

If commissioners procure services in a transparent and accessible manner, they will maximise the chances of a vibrant, plural provider base – including pharmacy – that extends patient choice.

Holding the market to account

If commissioners take a robust view on service quality, patient satisfaction and value for money, and are bold enough to insist on improvements or even 'disinvest' where any of these is lacking, pharmacy may be in a position to supplement existing services or provide an alternative.

It is important for all providers to have the confidence to invest - therefore commissioners should balance the use of market signals to distribute health resources with their duty to ensure that patients have access to a comprehensive range of services.

Holding commissioners to account

Commissioners are responsible for the allocation of considerable sums of public money and their decisions have an enormous impact on the health of the population and on healthcare providers. It is only right that they are accountable to taxpayers and patients against their core responsibilities for securing 'best value', namely⁵:

- the delivery of the best possible health outcomes, including reduced health inequalities; and
- the best possible healthcare
- within the resources made available by the taxpayer

Transparent and inclusive commissioning arrangements must be put in place – at PCT level and within practice based commissioning – to ensure a level playing field amongst providers, thereby holding out the best chance for services to be provided in the best interests of patients.

³ *Our health, our care, our say*, para 4.45 – "The public told us in the "your health, your care, your say" listening exercise that they want pharmacists to have an increased role in providing support, information and care."

⁴ Achieving and sustaining access in primary care, DH 2002

⁵ Health Reform in England: Update and Commissioning Framework, DH July 2006

BOX A: Current commissioning of pharmacy services

In recent years, pharmacy has expanded its role and is now widely commissioned to supply NHS services such as minor ailments schemes and a range of public health services, including smoking cessation, emergency hormonal contraception and substance misuse support⁶. There are still, however, many locations in which pharmacy is not delivering such services within the NHS.

Meanwhile, the types of pharmacy services that could be part of radical service redesign – including point of care testing, hospital follow-up and management of long term conditions – although popular where they do exist – are still scarce. The DH's recently published framework for Pharmacists with Special Interests - *Implementing care closer to home* – proving convenient quality care for patients provides numerous case studies that illustrate the possibilities for service redesign⁷.

BOX B: DH aspirations for pharmacy

The Prime Minister's foreword to *Our health, our care, our say*⁸ called for an expanding role for local pharmacists. This is only one of many calls from Government, in flagship health policy documents, for an extended pharmacy role. Others include:

The NHS plan⁹ – *"Patients want to see...an expanded role for GPs and pharmacists"*.

Building on the best¹⁰ – *"We are seeking to expand chronic disease monitoring (e.g. for asthma, blood pressure) at the pharmacy rather than the GP practice"*.

Choosing health¹¹ – *"Working at the heart of the communities that they serve, [pharmacists] have real opportunities to offer health messages and advice...and [help us to] look after our own ailments ourselves"*.

Supporting people with long term conditions¹² – *"Community pharmacy can be a key player in testing and diagnosing, reviewing and educating patients about their conditions and how to manage them, medicines management, care co-ordination, and early recognition of deterioration in the patient"*.

⁶ Elvey R, Bradley F and Ashcroft D (2006) Commissioning services and the new community pharmacy contract: (4) Governance and performance management. *Pharmaceutical Journal* 277:251-253 http://www.pjonline.com/pdf/papers/pj_20060826_commissionservices04.pdf

⁷ *Implementing care closer to home* – providing convenient quality care for patients, A national framework for Pharmacists with Special Interests, DH, September 2006

⁸ *Our health, our care, our say* – a new direction for community services, DH 2006

⁹ *The NHS plan* – a plan for investment, a plan for reform, DH 2000

¹⁰ *Building on the best* – choice responsiveness and equity in the NHS, DH 2003

¹¹ *Choosing health* – making health choices easier, DH 2004

¹² *Supporting people with long term conditions* – an NHS and social care model to support local innovation and integration, DH 2005

¹³ <http://primarycarecontracting.nhs.uk>, PBC, Bulletin 5.



BOX C: Pharmacy and practice based commissioning

NHS Primary Care Contracting recently published a Bulletin entitled *Pharmacy and PBC*¹³, which describes 'top tips' for engaging pharmacy and lists a number of pharmacy service developments that illustrate the type of service which could be commissioned by practice based commissioners:

- In Dorset, community pharmacists are actively engaged in the management of obesity and promoting healthy lifestyles. The service also provides educational programmes in schools.
- A pharmacy-based anticoagulant clinic (blood-testing, supply and associated support) has been running in the North East of England for many years. Before the clinic, all patients had to travel to the general hospital. This inconvenienced patients without transport, who often spent half a day on what is now a ten-minute appointment. Audits have shown that therapeutic control in the pharmacist-led service is at least as good as that previously provided by the hospital.
- 'High Street Testing' pilot in pharmacies in Manchester. These pharmacies are providing clinical services and point of care diagnostic blood tests for diabetes and cardiovascular disease. This is part of a DH supported initiative to move diagnostic testing from hospital laboratories into the community.
- In Sutton & Merton PCT, pharmacists provide a range of tests (plus stop smoking advice) as part of a healthy living centre scheme, specifically aimed at addressing health inequalities.
- The Pharmaceutical Care for Vulnerable Elderly scheme in Hull and East Yorkshire: Patient hospital discharge information is faxed to community pharmacists for high risk patients – such as those aged over 75 or on complicated dosage regimens – if hospital admission has been due to medication problems. The community pharmacist visits the patient at home for a medication review, produces a care plan and continues to monitor the patient.
- Community pharmacists in Hillingdon deliver a primary care diabetes management service, available to all adults taking medication for the condition. Each patient has a consultation with the pharmacist at least six times a year. Pharmacists agree referral criteria with GPs for problems, such as intolerable side-effects, that cannot be resolved in the pharmacy.
- In Camden, the Greenlight pharmacy provides an outreach diabetes service to the Bangladeshi population with type-2 diabetes. It includes a review of patients' medication, blood-pressure monitoring and group education sessions.



WHAT SHOULD HAPPEN NOW?

The researchers developed a number of evidence based standards against which the effectiveness of commissioning can be measured and identified some priority actions for PCTs (set out on pages 3-4 of this executive briefing). The Health Policy Forum strongly recommends these standards and actions to PCTs as a means of assuring service users and tax payers of the quality and value of the services that are being commissioned on their behalf and maximising the pharmacy profession's considerable potential to improve health outcomes.

Copies of the report, Making Commissioning Effective in the Reformed NHS in England, can be viewed at <http://www.rpsgb.org.uk>

Hard copies may be obtained by contacting the Health Policy Forum, 1 Lambeth High Street, London, SE1 7JN

FURTHER READING

Commissioning pharmacy services

Commissioning Resource Pack – a resource for PCTs to understand the key commissioning routes for primary care services in England and how to utilise these to commission services from community pharmacy (2005)
<http://www.npa.co.uk/servnhsdev.php>

Long term conditions

Integrating community pharmacy (2006)
Executive summary <http://www.rpsgb.org/pdfs/ltcondintegcommphsumm.pdf>
Reports 1-3.
<http://www.rpsgb.org/pdfs/ltcondintegcommphrept1.pdf> ;
<http://www.rpsgb.org/pdfs/ltcondintegcommphrept2.pdf> ;
<http://www.rpsgb.org/pdfs/ltcondintegcommphrept3.pdf>

Self care

The self care challenge: A strategy for pharmacists in England (2006)
<http://www.rpsgb.org/pdfs/selfcarechallenge.pdf>

Intermediate care

Pharmacists and the new Intermediate Care Agenda (2002)
<http://www.rpsgb.org/pdfs/intcarep.pdf>