



*National Specialised
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Driving Improvements Through Commissioning

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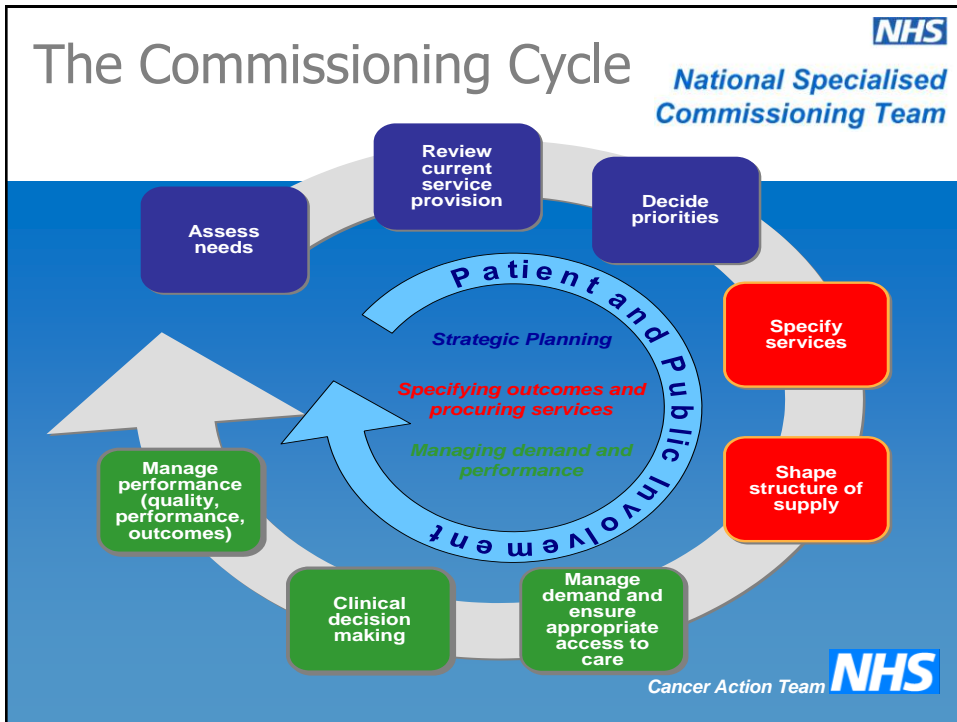


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“Commissioning” or “Contracting”

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It’s the difference between “commissioning a painting”
and “buying a painting”



Who Commissions?

A Fast changing landscape

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- Responsibility for commissioning currently lies with PCT Boards
- In the future 2 commissioning levels?
 - NHS Commissioning Board
 - GP Commissioning Consortia
 - Regional oversight

Cancer Networks and Commissioning



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- A patient's cancer journey may involve several commissioning organisations
- CRS states that Cancer Network Teams act as agents for the commissioners and "GLUE" the system together by agreeing standards across the whole care pathway
- Cancer Network teams add knowledge and expertise – "intelligent commissioning"

Partnership Working



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Cancer Network systems support partnerships:-

- Between PCTs for consistent commissioning decisions at the cancer network board – GP Consortia in the future
- With service providers
- With patients for feedback on how to improve services
- With clinical teams through network groups

Step 1 Assess Needs and current service provision and Decide priorities



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Cancer services need to be reviewed as a matrix:-

- By disease site (eg breast, bowel etc) along the care pathway
- By cross cutting theme, eg:-
 - Prevention
 - Early detection
 - Diagnosis and treatment
 - Safe and effective radiotherapy
 - Safe and effective chemotherapy
 - In patient bed usage
 - Survivorship
 - End of life care

Assess needs and decide priorities cont.



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- Priorities need to be agreed on the basis of:
 - Clinical evidence
 - National priorities including QIPP
 - Critical interventions/service gaps on patient pathway
 - Local Commissioning priorities agreed with PCTs through the Network Board

Some key commissioning questions

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- Are there inequalities in mortality/survival – by geography, age, other?
- Does the population have access to optimum levels of service?
- Is the service timely?
- Is the service quality high?
 - Evidence based
 - Safe
 - Clinical outcomes
 - Effective use of resources – Beds, O-P
- Is patient experience good?

Specify the services

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The “service specification”

- Define the service pathway, key interventions and standards to be met.
- Identify key performance indicators to be measured (KPIs)
 - Activity
 - Patient experience
 - Process and structure
 - Clinical outcomes
- Identify improvements expected in contract period.

Shape the Structure of Service Supply



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- Decide the shape of the service to meet local needs eg:-
 - The pattern of chemo services across the network
- To tender or not? Factors influencing this:-
 - Government policy – ‘Any Willing Provider’
 - Innovation and flexibility
 - Coordination of care

Procurement / Contracting



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- “Sign up” to cancer service specification in provider contract between:-
 - Cancer network team
 - Lead PCT commissioner/GP Consortia
 - Service provider
- Contract data requirements currency, activity, price and transition to tariff agreed
- Contract period runs April to March

Procurement / Contracting cont...


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- Monitoring arrangements agreed
 - who? Network team or commissioner with service team
 - what ?
 - when ?
- Clarity when things go wrong?
 - penalties
 - risk sharing

Manage Demand and Access to Care

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- “Demand management” can be up or down eg
 - More radiotherapy
 - Fewer inappropriate emergency admissions
- Specify thresholds/criteria for treatment eg
 - Which tumours to be treated by IMRT ?

Manage Performance	 <i>National Specialised Commissioning Team</i>
<ul style="list-style-type: none">• Drive improved data collection• Demonstrate safety• Drive continuous improvement	

Financial Performance	 <i>National Specialised Commissioning Team</i>
<ul style="list-style-type: none">• Understand HRGs/Tariffs• Ensure Trust is delivering accurate reference costs• Ensure cost efficiencies don't harm front line service quality	

Success Factors



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- A clear vision
- Good relationships
- Manageable programme
- Tenacity and focus
- GOOD INFORMATION