



Centre for  
Commissioning

# Principles of Commissioning Summary

## Introduction

The RCGP Centre for Commissioning aims to equip GPs and GP Practices with the skills, competencies and expertise required to deliver effective healthcare commissioning which ensures patient-focused and high quality health care, leading to improved health outcomes.

This Briefing Note outlines the Centre's approach to Commissioning and the principles underlying the Commissioning Cycle.

## What is Commissioning?

Clinically-led commissioning is a continual process of analysing the needs of a community, designing pathways of care, then specifying and procuring services that will deliver and improve agreed health and social outcomes, within the resources available.

Good commissioning places patients at the heart of the process. It is about improving peoples lives and providing high quality services, that are designed around the individual.

Clinical commissioning groups, local authorities and others need to work together to plan and deliver better integration of local services to ensure that communities enjoy the highest quality responsive, affordable and personalised services that are also shaped directly by the people who use them.



## The Principles of Clinically led commissioning

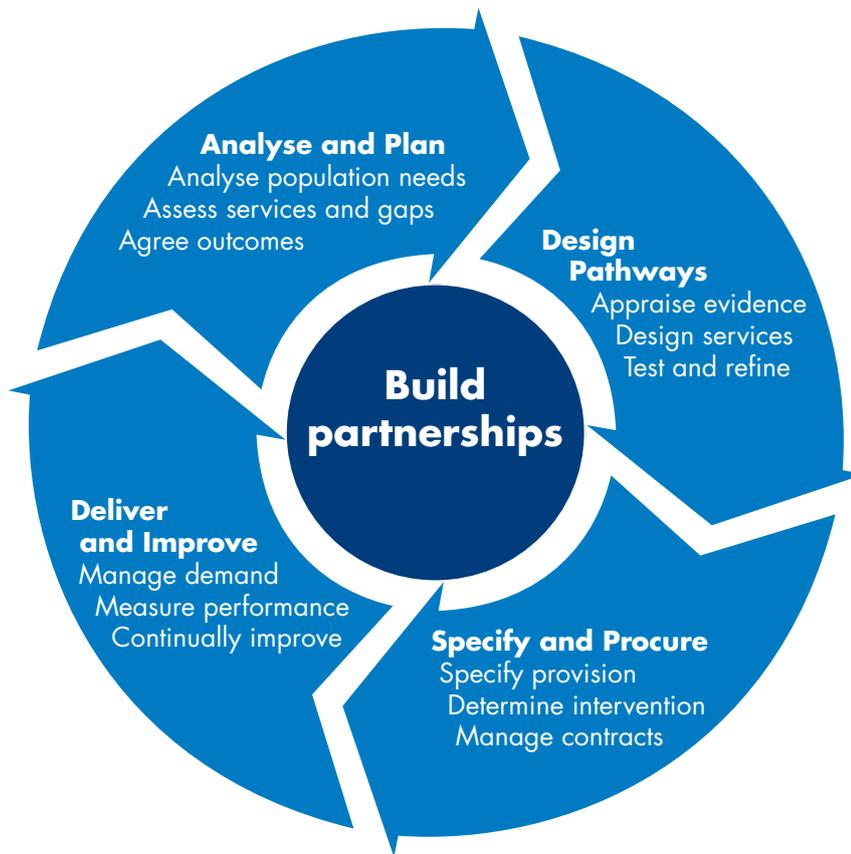
The Centre believes effective commissioning should be based on the following core principles:



These principles under-pin the organisation's approach to developing services.

Principles	Community focussed	Clinically Led	Comprehensive	Collaborative
<b>Applying the principles in practice</b>	Engaging local people and communities throughout the commissioning cycle and prioritising the needs of patients and the public	Putting clinicians at the heart of designing and delivering innovative, evidence-based and high quality healthcare services	Meeting the healthcare needs of the whole population, including the disadvantaged and the vulnerable to improve health outcomes	Working with the full range of partners to develop effective, sustainable and integrated healthcare systems
	To ensure patients, carers and the wider community play a central role in the commissioning process	To provide integrated pathways of care	Assessing need, designing services and measuring outcomes	Continually seeking patient input to care design and adopting innovative approaches to increasing self care
	Sharing knowledge, decisions, power and responsibility with the population being served.	Setting direction by providing clinical leadership.	Joining up health and social care in assessing need, designing services and measuring outcomes	Fully integrating primary care and public health interventions
	Involving local communities in shaping the priorities, design and delivery of health and social care service	Building effective partnerships between primary care and public health	Ensuring that the needs of the disadvantaged and vulnerable are met by local services	Developing effective partnerships across primary, secondary, community and social care sectors to design and deliver the best care for their local populations

# The Clinical Commissioning Cycle



These 4 stages of the Commissioning Cycle can be broken down as follows:-

**Step 1: Analyse and Plan** – this looks at why a care pathway is important from a patient, population, service and financial point of view in order to determine what is required.

**Step 2: Design Pathways** – this stage examines what information or data is available about the quality, effectiveness and cost of current services, how they are used and what kind of services patients and the public need, to inform how best to design pathways of care.

**Step 3: Specify and Procure** – this reviews what a good care pathway might look like based on the local and national evidence.

**Step 4: Deliver and Improve** – this stage looks at the services provided and how we can continually improve these services to ensure they are safe, of the highest quality, clinically effective, providing a good patient experience and offering value for money, as well as performing to the contract and delivering national and local quality standards.

At each stage of the Commissioning Cycle we need to work closely with patients and the public, health and social care commissioners, the voluntary sector and other stakeholders, including providers.



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