Top Tips for Commissioning

Dr Gary Howsam is a RCGP Clinical Commissioning Champion and full time GP partner at New Queen Street Surgery in Whittlesey, Cambridgeshire. He is Vice-Chair and Clinical Engagement lead for Borderline Local Commissioning Group. ‘Borderline’ is made up of 10 practices from Cambridgeshire, Peterborough and Northamptonshire with a population of about 106,000. It is one of the 8 LCG’s that together comprise the Cambridgeshire and Peterborough Clinical Commissioning Group – with 109 practices and a 864,000 population.

Gary shares, in no particular order, Borderline’s ‘Top Tips for Commissioning’ – compiled with reflections from clinicians, patient representatives and LCG Managers.

Set the vision

Work hard to visualise a new, improved future. Being able to clearly articulate this vision is essential to motivate all stakeholders and inspire them to achieve shared goals for improved healthcare locally.

Secure some ‘small wins’

Whilst the long-term goal may be ‘whole system transformational change’, you need to build confidence in the process and can increase engagement by giving your team some ‘easy wins’. Colleagues and patients alike will see that it is worth either putting in the effort themselves, or supporting others to lead the process, if real change, leading to better patient care, is clearly demonstrated.

Governance

Put in place robust governance arrangements. The organisation will rightly be held to account for its activities in terms of financial, clinical and informatics activity. Establish from the start clear rules on conflicts of interest in line with GMC and NHS Commissioning Board guidance. Ensure that you are transparent and have a well defined process for dealing with concerns raised around probity or performance.

Data

An accurate budget and timely data are basic requirements but have been hard to secure to date. Ensure that data that is passed back down to member practices - e.g. on referral, prescribing, and urgent care usage - is in a form that they are able to easily understand and analyse. Time spent working with your informatics team to achieve this, is time well spent.
**Start succession planning now**

The first wave of ‘leaders’ have, on the whole, been the ‘usual suspects’. To make this work sustainable you need to be actively identifying and developing your local talent pool. It will take time for clinicians who have not been involved in ‘management’ roles to feel confident to take on the role. Encouraging them to ‘dip their toe in the water’ and to take on small projects is really important.

**Mobilise the community – both clinical and non-clinical**

Engagement of clinicians, patient groups and community teams, at practice level, and building relationships with other commissioners and stakeholders, e.g. Local authorities and voluntary organisations, will allow CCGs to address patient needs holistically and identify services in the wider community. Remember: ‘Without leaders there is no change, without followers there is no impact’

**Identify and set the goal-posts**

We need to recognise that being part of an CCG does mean extra work for practices. We will be asking for attendance at meetings, audit work, evidence of change in practice etc. The CCG membership agreement needs to set clear goal posts to give practices a realistic chance of planning for this extra work. Some of it will be incentivised, so be open and clear about what will be expected and what the practices can expect in return.

**Let go of old grudges**

In the past it has been too easy to blame bad relationships between primary care and secondary care, and between GP practices and PCT managers, for failure to achieve meaningful change. Collaboration between these groups is essential now to ensure better outcomes for our patients. Probably the most important thing we have learnt to date is that collaboration between organisations is the only way to achieve the outcomes we want.

**Look after yourself**

In the run up to 1st April, whilst the new organisations have been established, we have excused early morning, lunchtime and late evening meetings, and emails flying around in the early hours of the morning as acceptable. However, this is not sustainable, and going forward we need to accept that we may need to drop clinical sessions, or other managerial work, to allow commissioning work to become a recognised part of ‘normal business’.

**And the top tip from our patient forum……**

‘Remain patient focused. Commission the right care, in the right place, at the right time and make sure any changes make a real difference to patient outcomes. Everything else is a distraction!’

RCGP Centre for Commissioning
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