



# Towards intelligent commissioning

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Sir William Wells



# Agenda

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- Intelligent commissioning: the future of general practice
- The intelligent practice
- What are practices doing now?
- What can your practice do?
- Intelligent commissioning
- Questions and discussion



# The future of general practice

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- Decision making shifts to local (i.e. practice) level
- GPs as purchasers and providers
- Choice for patients of multiple providers
- New models of delivery of patient care – i.e. out of hospital
- New operational structures for general practice locally – including private sector provision



## What does intelligent commissioning look like?

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- Improved health outcomes; reduced health inequalities
- Mix of services, in and out of hospital
- Value for money for the taxpayer
- Compliance with national quality standards
- Engagement from patients, the public and others



## Practice based commissioning at its simplest

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- Securing and managing appropriate healthcare services for relevant populations at value for money for taxpayers, including:
  1. Understanding needs
  2. Planning services
  3. Managing contracts



# Challenges for GP practices

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- Working in collaboration with PCTs, while PCTs remain responsible for budgets and setting priorities outlined in the PCT prospectus
- Developing the information flow to and from practices
- Analysing and interrogating information and data





## The Intelligent Practice: key messages

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- A common information framework across the local health economy to inform commissioning and decision making
- Clear accountability structures need to be in place – particularly between GP practices and PCTs
- Decision making as close to the patient as possible
- PCTs and GP practices need to work as a team to deliver the best quality services at value for money for their populations



## The Intelligent Practice: key information needs

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- Health needs information – demographic information, mortality and morbidity rates and activity in secondary care by trend
- Market intelligence – directory of services, updated regularly, including all service providers in the community, with information about cost and quality.
- Patient experience and outcomes data
- Information for patients outlining available choices



# The Intelligent Practice: a checklist

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Is all information:

- Clearly and simply presented
- Forward looking
- Updated and timely
- Focusing on significant risks, issues and exceptions
- At the appropriate level

Is performance information in particular:

- Balanced
- Focused on a few key measures, with exceptions highlighted
- Appropriately standardised
- Compared with peers wherever possible



## Key steps towards intelligent commissioning

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- Redesigning pathways to bring care closer to the patient
- Scenario planning
- Identifying trends and pursuing demand management opportunities
- Identifying high impact users to review appropriateness of their care
- Identifying patients admitted to non local providers via A&E
- Developing a shared agenda with PCTs

Reports

**Description**  
Financial Summary

**Basket**  
PbR 2007/08

**Financial Year**  
2007/08

**Report end**  
July

**Point of delivery**  
Admitted

**Chapter**  
-- All --

**Health Resource Group**  
-- All --

**Specialty**  
-- All --

**Provider trust**  
-- All --

**Analyse by**  
Provider

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## Financial Summary 2007/08



Elective (day cases)	Jul-07 Budget	Jul-07 Actual	Jul-07 Variance	Annual Budget	YTD Budget	YTD Actual	Jul-07 Variance
Provider	Activity Cost	Activity Cost	Activity Cost	Activity Cost	Activity Cost	Activity Cost	Activity Cost
All	0 £0.0k	13 £7.6k	-13 -£7.6k	0 £0.0k	0 £0.0k	50 £30.3k	-50 -£30.3k
Provider NHS Trust A	0 £0.0k	8 £4.4k	-8 -£4.4k	0 £0.0k	0 £0.0k	28 £16.4k	-28 -£16.4k
Provider NHS Trust B	0 £0.0k	2 £0.8k	-2 -£0.8k	0 £0.0k	0 £0.0k	11 £5.9k	-11 -£5.9k
Provider NHS Trust C	0 £0.0k	2 £1.3k	-2 -£1.3k	0 £0.0k	0 £0.0k	6 £3.6k	-6 -£3.6k
Others	0 £0.0k	1 £1.1k	-1 -£1.1k	0 £0.0k	0 £0.0k	3 £2.5k	-3 -£2.5k
!Provider NHS Trust D	0 £0.0k	0 £0.0k	0 £0.0k	0 £0.0k	0 £0.0k	2 £1.8k	-2 -£1.8k

Elective (inpatients)	Jul-07 Budget	Jul-07 Actual	Jul-07 Variance	Annual Budget	YTD Budget	YTD Actual	Jul-07 Variance
Provider	Activity Cost	Activity Cost	Activity Cost	Activity Cost	Activity Cost	Activity Cost	Activity Cost
All	0 £0.0k	9 £19.0k	-9 -£19.0k	0 £0.0k	0 £0.0k	26 £56.0k	-26 -£56.0k
Provider NHS Trust A	0 £0.0k	1 £5.6k	-1 -£5.6k	0 £0.0k	0 £0.0k	7 £20.9k	-7 -£20.9k
Others	0 £0.0k	3 £4.5k	-3 -£4.5k	0 £0.0k	0 £0.0k	7 £16.3k	-7 -£16.3k
Provider NHS Trust C	0 £0.0k	1 £2.6k	-1 -£2.6k	0 £0.0k	0 £0.0k	5 £7.6k	-5 -£7.6k
!Provider NHS Trust D	0 £0.0k	2 £1.9k	-2 -£1.9k	0 £0.0k	0 £0.0k	3 £5.7k	-3 -£5.7k
Provider NHS Trust B	0 £0.0k	2 £4.3k	-2 -£4.3k	0 £0.0k	0 £0.0k	4 £5.5k	-4 -£5.5k

Non-Elective	Jul-07 Budget	Jul-07 Actual	Jul-07 Variance	Annual Budget	YTD Budget	YTD Actual	Jul-07 Variance
Provider	Activity Cost	Activity Cost	Activity Cost	Activity Cost	Activity Cost	Activity Cost	Activity Cost
All	0 £0.0k	34 £55.7k	-34 -£55.7k	0 £0.0k	0 £0.0k	107 £150.1k	-107 -£150.1k
Provider NHS Trust C	0 £0.0k	16 £28.6k	-16 -£28.6k	0 £0.0k	0 £0.0k	43 £70.9k	-43 -£70.9k
Provider NHS Trust B	0 £0.0k	12 £16.3k	-12 -£16.3k	0 £0.0k	0 £0.0k	37 £43.6k	-37 -£43.6k
Provider NHS Trust A	0 £0.0k	6 £10.8k	-6 -£10.8k	0 £0.0k	0 £0.0k	16 £19.9k	-16 -£19.9k
!Provider NHS Trust D	0 £0.0k	0 £0.0k	0 £0.0k	0 £0.0k	0 £0.0k	7 £12.2k	-7 -£12.2k
Others	0 £0.0k	0 £0.0k	0 £0.0k	0 £0.0k	0 £0.0k	4 £3.6k	-4 -£3.6k

- SAR
- Admitted
- Outpatients
- Patient Records



## What are practices doing now?

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- Most practices concentrating on getting the basics right: matching activity to cost
- Leaders of commissioning are beginning to develop new models of care
- Collaborative approach between practices and PCTs is key to success



## Oxfordshire PCT: targeting improvements

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*"Primarily, our interest as clinicians is about improving patient services. We also recognise that we need to make the best use of the NHS resource and we've highlighted 15 areas where we can do both: bring the services locally and make them more responsive, and also save money."*

**Dr Stephen Smith.** Chair, Oxfordshire PBC locality group



## Shropshire county commissioning group: collaborative approach

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*"We're lucky in that our PCT has recognised the importance of trusting the localities with the responsibility for commissioning, so we are very much working together, rather than against each other."*

**Ed Manning.** Business Advisor,  
Shropshire County Commissioning  
Group



## Discussion

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- In which areas do you feel comfortable that you have the information you need to commission services?
- In which areas do you feel you need to improve the information you use?
- What improvements need to be lead from the centre? What can practices do immediately themselves?