Building evidence into practice based commissioning

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Agenda

☐ What does the evidence tell us about the effectiveness of practice based commissioning?

☐ How best can PBC be used as a means of tackling local and national health priorities?

☐ How can PBC promote evidence-based practice?
What is practice based commissioning?

‘Commissioning led by primary health care clinicians, particularly GPs, using their accumulated knowledge of patients’ needs and of the performance of services, together with their experience as agents for their patients and control over resources.’

(Smith et al, 2004, p5)
We do have a lot of evidence…

☐ This is a policy area that has a relatively strong evidence base dating back 15 years
  – Fundholding, GP commissioning, total purchasing and primary care groups/trusts (e.g. Health Foundation study 2004; York study 2005)
  – TPP experience highly relevant to PCT-PBC hybrid (though volunteer fundholders)
☐ And from wider public sector (e.g. Health Policy Forum study 2006; Wanless review of long-term care)
What does this evidence tell us? (1)

- All approaches have some potential benefits
- There is little evidence to show that any commissioning approach has made a significant or strategic impact on secondary care services
- PCLC, where clinicians have clear influence over budgets, can secure greater responsiveness
- PCLC made its biggest impact in primary and intermediate care
- Little use of patient choice or changing providers
What does this evidence tell us? (2)

- Potential for PBC to contribute to demand management
- Highly determined managers and clinicians can use commissioning to bring about changes to services
- Primary care commissioners can bring about changes in prescribing practice
- PCLC increases transaction costs within commissioning
- No ‘ideal’ size of commissioning organisation
How best can PBC be used to tackle health priorities?

- Practice-based commissioning should not be considered in isolation
- Part of a continuum from which PCT chooses according to local health needs and service configuration
A continuum of commissioning models

Level of Commissioning

Individual --- Practitioner --- Practice --- Locality --- Community --- Region --- Nation

- Patient choice, direct payts
- Single practice-based commissioning
- Multi-practice or locality commissioning
- Joint commissioning
  Or
  Health plan commissioning
- PCT commissioning
- Lead PCT or SHA commissioning
- National commissioning

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Designing the local commissioning system

- Challenge for the PCT (or LHB or board) is how to select an appropriate mix of commissioning approaches that will enable local needs to be met, and having a rigorous process for this

- And to make sure that the conditions for effective practice based commissioning are in place
A process for designing a local commissioning system

Table 5: Relative effectiveness of commissioning approaches – assessment criteria

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<th>Choice, contestability, responsiveness</th>
<th>Single practice-based</th>
<th>Multi-practice-based</th>
<th>Joint or horizontally integrated</th>
<th>Lead</th>
<th>National</th>
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<td>Budgets and financial risk</td>
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Conditions known to facilitate effective practice-based commissioning (1)

- Stability in the organisation of commissioning
- Sufficient time to enable clinicians to be engaged and strategies implemented
- Policy that supports offering patients and commissioners a choice of providers
- Policy that enables resources to be shifted between providers and services (i.e. getting money out of contracts)
- A local service configuration that enables choice for commissioners
Conditions known to facilitate effective commissioning (2)

- A local primary care system that has the capacity to develop additional services
- Incentives that engage GPs in developing new forms of care across the primary/secondary interface
- Effective management and information support
- Appropriate regulation to minimise conflicts of interest, especially for PCTs and GPs when acting as both providers and commissioners
- ‘Horses for courses’ – commissioning the right services at the right level
How far is current English NHS policy heeding these lessons?

- Stability in the organisation: No
- Time to enable engagement: ?
- Policy of choice: Yes
- Ability to shift resources: Yes
- Incentives for GPs: ?
- Effective mgt and info support: No
- Appropriate regulation: ?

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So how can PBC promote evidence-based practice?

- By ensuring that the evidence-based conditions for PBC are in place locally (incentives, stability, support, regulation)
- By PCTs working in partnership with local practices and practice clusters to determine which contracts PBCs might assume to deliver specific areas of PCT commissioning
- By enabling PBCs to focus on specific areas of expertise and interest
- By ensuring that PBC’s clinically informed commissioning is used beyond general practice
References


