





Bronwen Thompson, Policy adviser to PCRS-UK

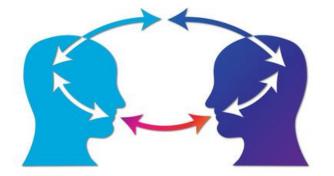
November 25/26, 2016 RL workshop, Milton Keynes

Overview



- Background on role of commissioning in NHS in England
- How CCGs work

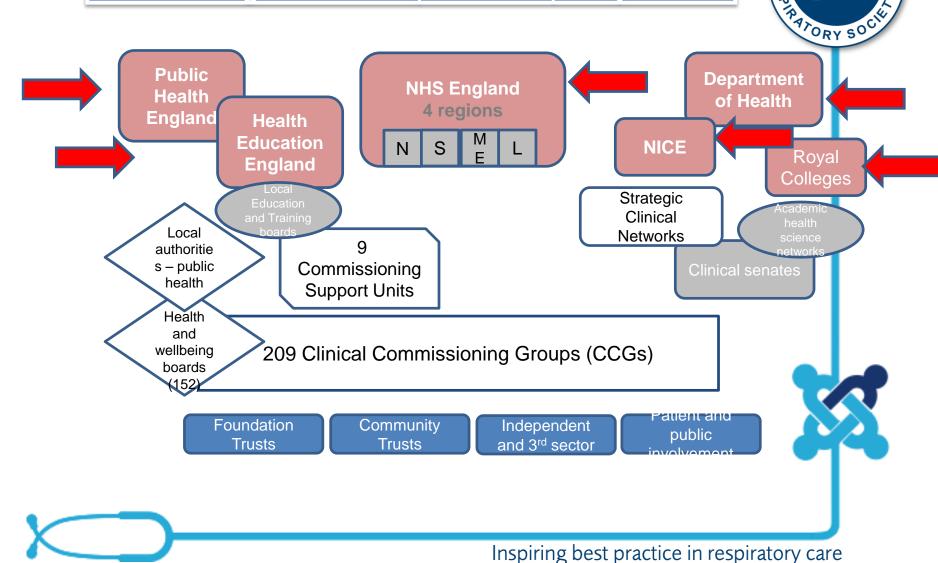
Examples of working with and influencing CCGs



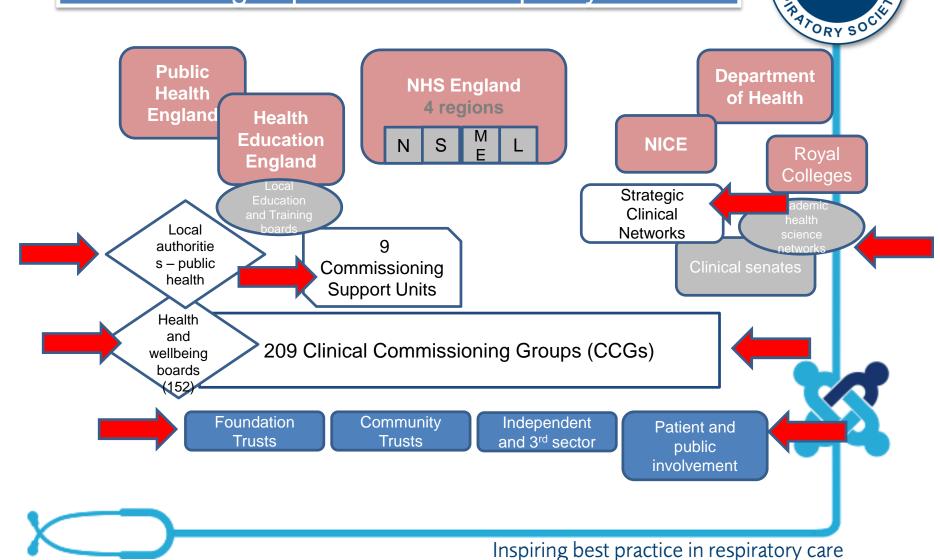




Influencing the development of policy

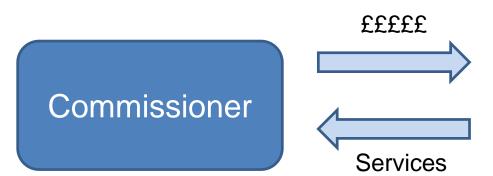


Influencing implementation of policy



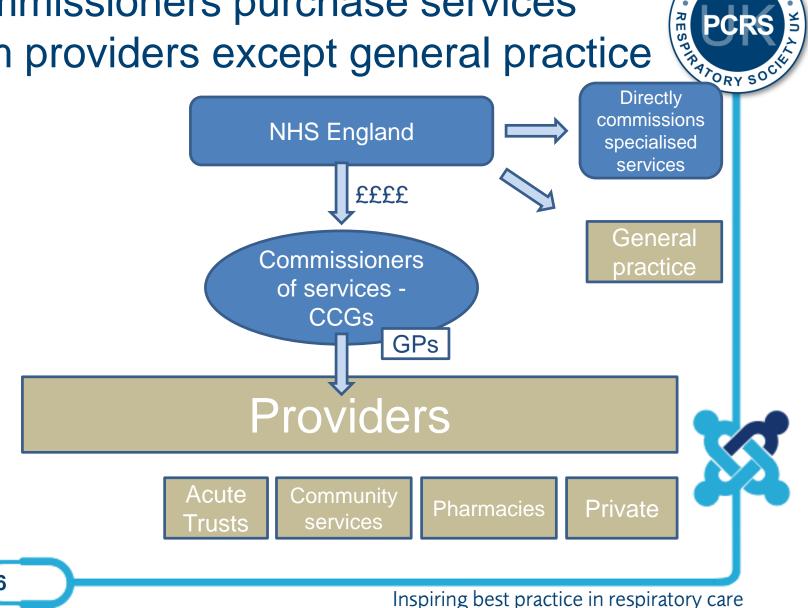


Commissioning vs providing

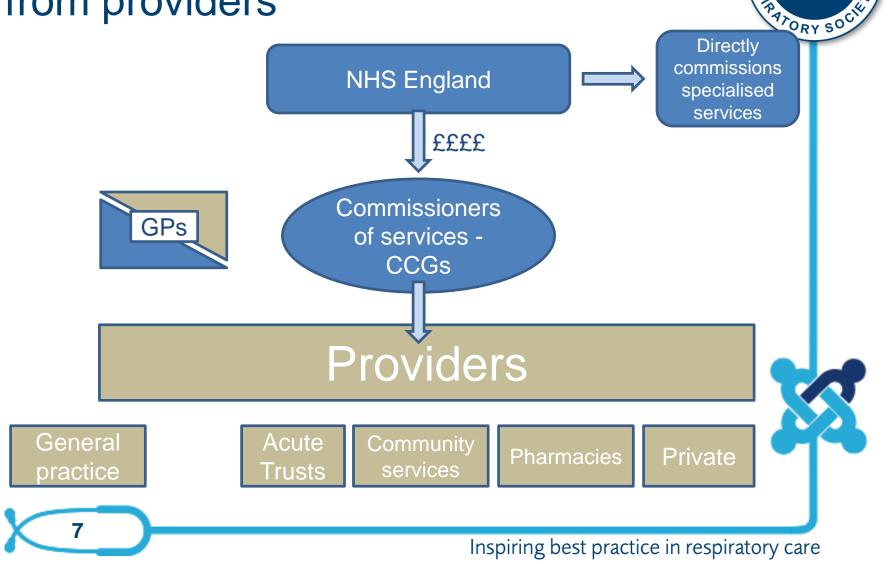


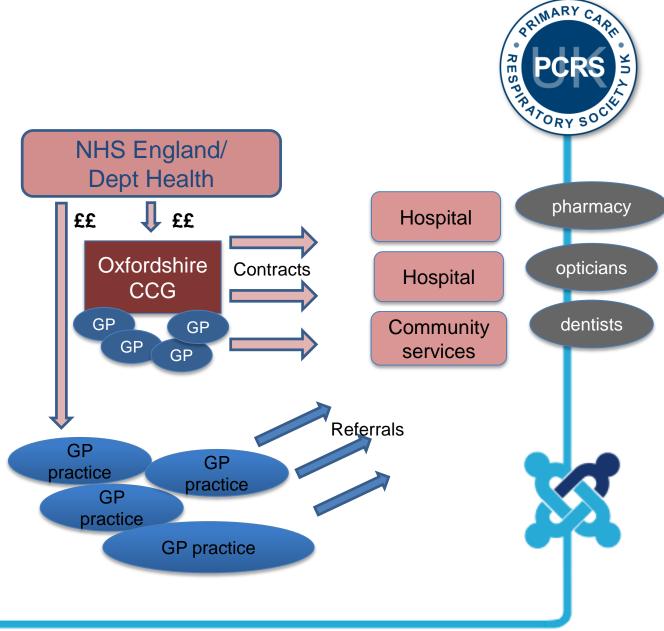
Provider

Commissioners purchase services from providers except general practice



Commissioners purchase services from providers





Clinical commissioning groups

- CCGs

PCRS PRATORY SOCIAL

CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

Commissioning is about getting the best possible health outcomes for the local population, by assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc.



209



- Clinical lead LTCs or respiratory
- Clinical lead for quality
- Clinical lead for integration
- Head of community commissioning
- Medicines Management
- Primary care development
- Commissioning information manager
- Directors.... Usually non-clinical











CSU specialist support services include:

- Contract management and negotiation
- Service transformation and redesign
- Business Intelligence
- Information governance
- Financial management
- •HR, Estates, IT
- Healthcare procurement and market management
- Non-clinical purchasing
- Communications and patient engagement
- •Bespoke services such as individual funding request management, infection prevention, governance and quality





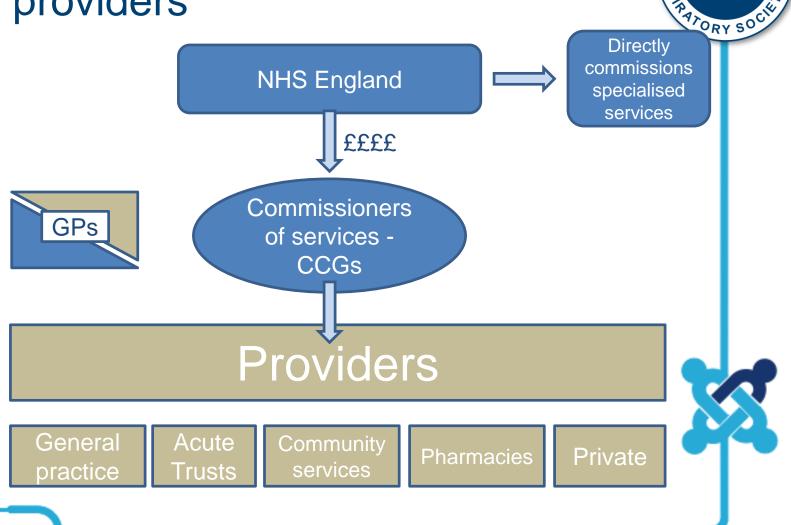
Co-commissioning

Co-commissioning aims to support the development of integrated out-of-hospital services based around the needs of local people. It is part of a wider strategy to join up care in and out of hospital and could lead to a number of benefits for patients and the public including:

- Improved access to primary care and wider out-ofhospitals services with more services available closer to home
- •High quality out-of-hospital care.
- •Improved health outcomes, better access to services and reduced health inequalities.
- •A better patient experience through more joined up services.



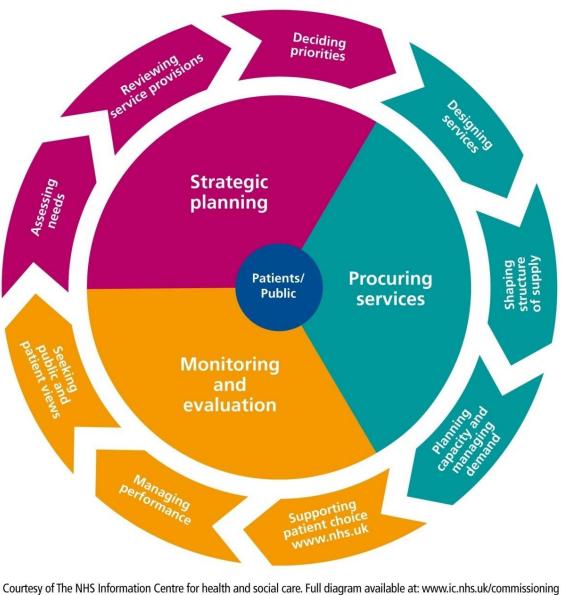
Commissioners purchase services from providers



What drives local activities



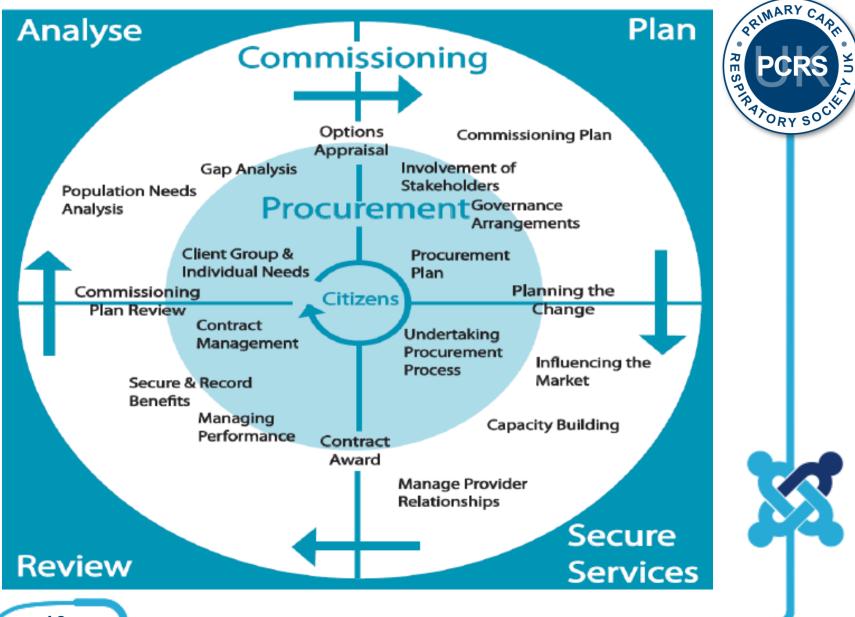












PRIMARY CAP Other groups emerging PATORY SOCH 44 **STP** areas CCGs 209 Federations Practices Inspiring best practice in respiratory care



New models of care - Vanguards

- Multi-specialty community providers MSPs
 - Groups of practices with experts and generalists working in clusters or federations
- Primary and acute care systems PACs
 - Which allow integrated primary and secondary services within a single organisation
- Urgent and emergency care services to align
 - Currently too fragmented and uncoordinated
- More proactive and enhanced healthcare for people in care homes
- Specialised care
- Smaller hospitals to be made viable
- Midwife led maternity units

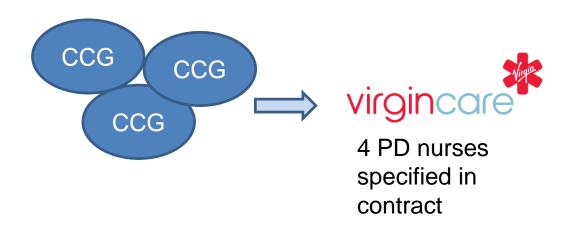








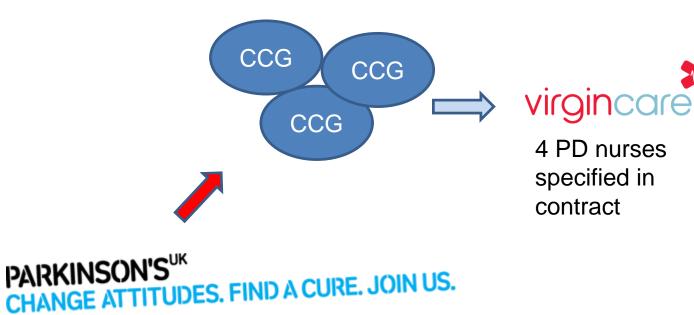


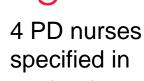




Parkinson's disease services

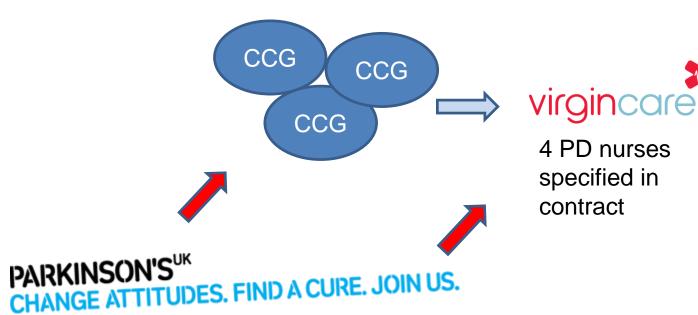






Parkinson's disease services





4 PD nurses



Traditionally all separate

Pharmacy

Primary care

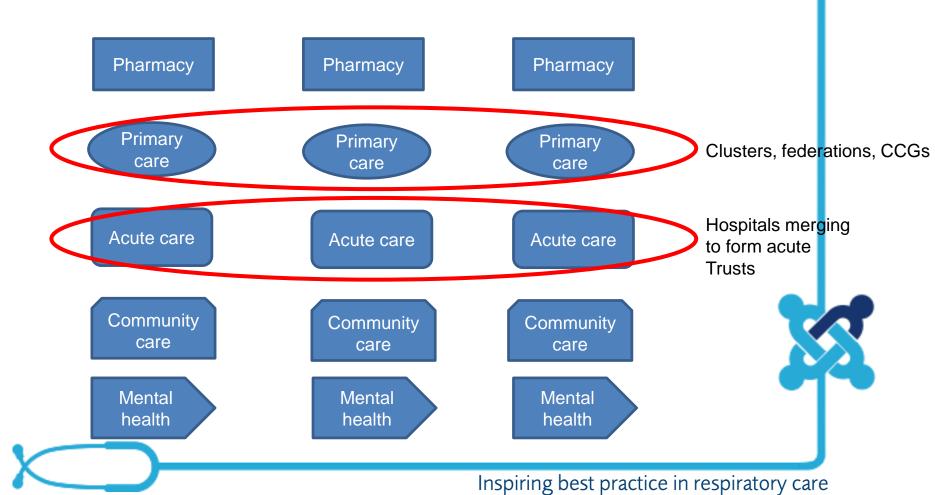
Acute care

Community care

Mental health









Clusters, federations, CCG

Traditionally all separate

Pharmacy Pharmacy Pharmacy

Primary Prima care

Primary care Primary

Acute care

Acute care

Acute care

Community care

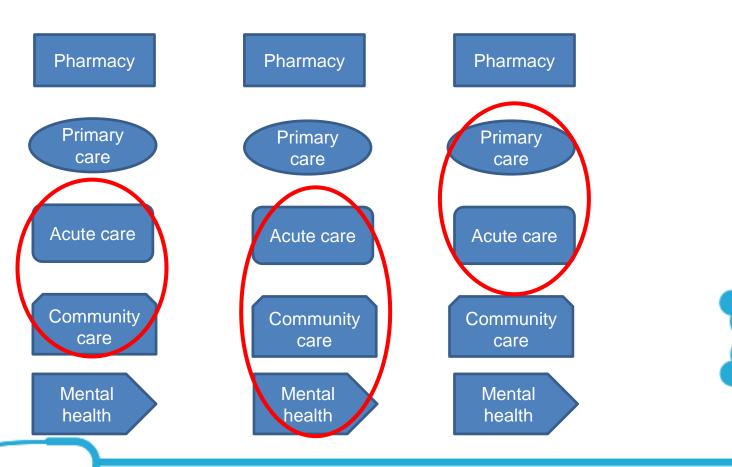
Mental health Community care

Mental health Community care

Mental health

Inspiring best practice in respiratory care





Inspiring best practice in respiratory care









