

Wilson Practice Special Update

April 2013

Clinical Commissioning:

what is it? how does it affect the practice and its patients?
should I believe all I read, see or hear on the news?

Clinical Commissioning, quite simply, is the process of:

- identifying the needs of a population for medical services
- determining how best those needs can be met
- working out if they, and all the other needs, are affordable, and
- securing contracts with providers (hospitals, district nursing teams, community pharmacies, out-patient clinics, ambulance services etc etc) to make sure that the right services are available in the right places when they are needed.

Clinical commissioning also includes:

- monitoring contracts
- reviewing efficacy and outcomes
- keeping an eye on changing population needs, and
- making sure the whole system works in the best interests of patients – and taxpayers.

A little bit of background

In recent times, commissioning of clinical services has been conducted by Primary Care Trusts (PCTs). These worked under the direction of the Department of Health and were supported by Strategic Health Authorities. They had some clinical input: PCTs employed GPs as Medical Directors (part time, so they could continue their work in general practice too) and a small number of GPs and nurses worked in advisory positions or sat on boards overseeing decision-making. **From 1 April 2013**, as a consequence of the **Health and Social Care Act 2008**, PCTs ceased to exist and their commissioning role, in the main, transferred to brand new, GP-led organisations called **Clinical Commissioning Groups (CCGs)**.

In Alton, services **were commissioned by** NHS Hampshire, a PCT working on behalf of 1.6 million people registered with 147 GP practices from here to the New Forest, facing five general hospitals and living in cities and towns as diverse as Winchester and Gosport as well as widespread villages and rural communities.

Now, the services our patients need will be commissioned by **North Hampshire Clinical Commissioning Group (NHCCG)**, which, as the name suggests, serves a smaller population from 22 GP practices (some 215,000 people) and uses, primarily, Basingstoke and Winchester Hospitals (now merged and known as Hampshire Hospitals Foundation Trust), with small numbers of patients using other hospitals including Royal Surrey and Frimley Park. NHCCG also works under the direction of the Department of Health.

Rest assured that, although NHCCG is a new organisation which has only had authority and budget responsibility (£150 million+ for 2013/14) since April 1, it has been working in 'shadow form' alongside NHS Hampshire for 18 months. Its structure and driving forces are very different, even though it employs many people who have previously worked in PCTs, as their skills and experience are still required. NHCCG has undergone a very thorough 'authorisation process' to ensure it is fit for the work ahead.

Why is it different?

NHCCG – and all CCGs - are constituted to ensure that clinicians, and particularly GPs, are at the heart of the organisation. The chair of NHCCG is Dr Hugh Freeman, a very well respected Basingstoke GP who

has, in addition to his practice work, routinely worked at both St Michael's Hospice and HantsDoc, the out-of-hours provider. Dr Sam Hullah, also a Basingstoke GP, is the chief clinical officer, also known as the accountable officer. Sam, Hugh, and Lisa Briggs, a very experienced and effective health sector manager who has worked with practices locally for many years, are all passionate about **improving the health and wellbeing of the whole of NHCCG's population, using the resources available to it as fairly as possible.**

In these austere times, and with an aging population, this is a challenging vision, but they, and their fellow board and clinical cabinet members, who know the current provision and care pathways well, believe that NHCCG can secure better for less, or at least for the same funding, by commissioning more effective services. This is not to say that providers have been profligate in the past, but as medical science and working practices change, opportunities for serving patients differently emerge, but sometimes the systems around large organisations prevent these changes being spotted, or implemented promptly.

NHCCG expects to be a nimble and responsive organisation, clinically-led but using expert input from others as required, **to plan services that best meet its population's needs and secure the best quality and best value health and social care provision that funds allow.**

Will it work?

The model for CCGs is based on common sense, but there are challenges. GPs are busy people, so finding enough of them willing and able to commit time to this new endeavour and still manage their workload in practices may not always be easy. In NHCCG the clinical responsibilities have been divided up, which makes the additional work more manageable, as it can be shared more widely.

What has all the fuss been about?

Some GPs who have been elected or recruited to positions in CCGs, as you may have seen in the news recently, are also involved in companies that provide services to the NHS: the GP out-of-hours service or a private dermatology clinic, for example. It is not unreasonable to expect that GPs who can find the time in their week to commit to clinical commissioning might be some of the same people who have set up or joined businesses providing additional healthcare services. There is nothing wrong with this as long as any tender development or procurement process is not influenced by any individual who might be in a position to gain from a contract in the future. NHCCG does not have many GPs with 'outside interests' but it has rigorous, and approved, processes in place to ensure that their interests are declared, and that they are excluded from any discussions where these might be relevant.

How does it affect patients?

NHCCG's vision is simply for **fewer health inequalities and more streamlined care pathways** (fewer trips to outpatients, for example if a one-stop 'see and treat' service is appropriate), designed around patients' needs. This has got to be good news for us all. Work has already started around the 'Front Door' of Basingstoke Hospital, to commission a more 'joined up' service between Emergency Care doctors, GPs, specialists in diagnostics and assessment, hospital and community nursing teams, and social workers. This should help patients to be seen more quickly, by the right clinician, leading to quicker decisions about admission or discharge, potentially with other support. This is an exciting example of what can be done if patients' needs are put first in redesigning a whole system.

How does it affect The Wilson Practice

Dr Andrew Fellows is working with NHCCG as the lead for Unscheduled Care – the care required by patients when they need medical help suddenly. This does not impact on the practice too much, as he is largely doing this in his spare time, but there are occasions when Dr Fellows needs to attend meetings and rearrange his surgery. The other partners are supporting him in this work as they believe it is an important investment in the future of healthcare for all our patients.

FURTHER INFORMATION

- There is a 12pp booklet 'Welcome to North Hampshire Clinical Commissioning Group' available in the waiting room and from reception
- The NHCCG web address is www.northhampshireccg.com