Royal College of Nursing

RCN Policy Unit

Policy Briefing 07/09

A Short Guide to World Class Commissioning

April 2009

Royal College of Nursing
Policy Unit – Room 209
20 Cavendish Square
London
W1G 0RN

Telephone 020 7647 3754
Fax 020 7647 3498
Email policycontacts@rcn.org.uk

Introduction

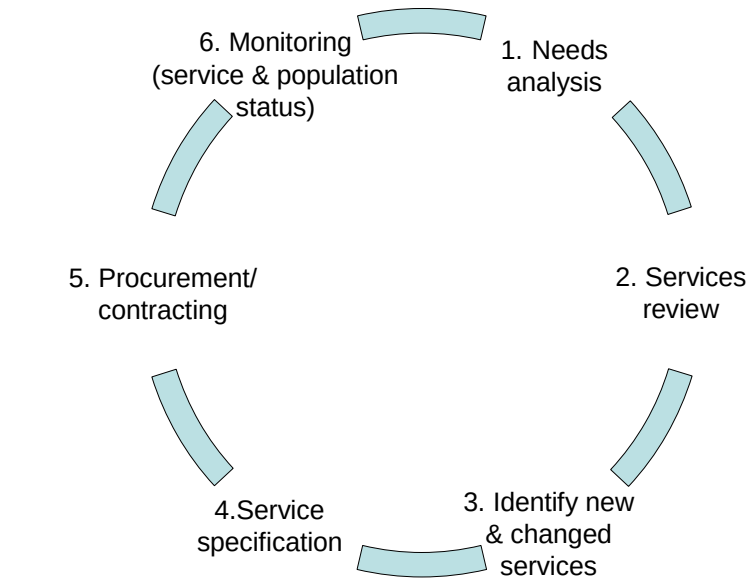
It is important for nurses to understand the commissioning process and how they can influence it, to improve patient care. The purpose of this paper is to give nurses an overview of World Class Commissioning and why it is important to them.

'World Class Commissioning'[1] encompasses all Primary Care Trust (PCT) and 'clinical commissioning'[2] and is the vehicle to drive through major reform in healthcare as recommended by Lord Darzi in the publication High Quality Care For All (2008)[3] and the 'Transforming Community Services'[4] agenda.

What is World Class Commissioning?

- World Class Commissioning (WCC) moves beyond simply buying health services in a block contract, to a process aimed at ensuring that the services provided are based on identified and expressed need of a local population.
- WCC is about improving the long term health and well being of individuals and communities.
- Commissioning is an ongoing process of improvement which goes through several stages as shown below:

Commissioning Cycle [1]



[1] www.dh.gov.uk/worldclasscommissioning 16.04.09
[2] *Clinical commissioning: our vision for practice-based commissioning*, DoH, 4th March 2009
[3] *High Quality Care for all; Next Stage Review*, DoH, 2008.
[4] *Transforming community services & world class commissioning; resource pack for commissioners of community services*, DoH, 13th January 2009.

1) Needs analysis – Local information is collated, including demographics, areas of deprivation, disease patterns and hospital admissions. The Joint Strategic Needs Assessment which is an assessment carried out in partnership with Local Authorities, will also be used provide information on which to review services.

2) Service Review – All services should be reviewed in order to establish that they are effective, efficient and of a high quality. The commissioning PCT has the authority to decommission services i.e. the PCT may tell a provider unit that they no longer require them to provide a certain service.

3) Identify new and changed services – Conducting a needs assessment and relating it to current service provision will enable commissioners to identify gaps in existing services to ensure they are appropriate, effective and personalised.

4) Service Specification – This is a list of requirements for the service drawn up by commissioners and may include:

- **What** service will be delivered.
- **How** a service is delivered.
- **Where** it will be delivered.
- **When** it will be delivered.
- **How** success will be measured; this should include quality outcomes and not just the number of patients seen. Patient reported outcome measurements (PROMS) will increasingly be used by commissioners in the future.

5) Procurement/contracting – Procurement is the full range of activities related to purchasing goods and services. This may include putting the service out to tender to enable other organisations to make a bid to deliver the service. When the commissioners have selected a provider and are satisfied that they meet the service specification, they will agree and sign a contract with that provider organisation.

6) Monitoring – An important part of WCC, is the monitoring of the contract by the commissioners. The provider's performance should be measured against agreed outcomes on a stated basis. If the provider is not performing to the agreed contract, the commissioning PCT will manage this, and under certain circumstances the contract may be terminated.

The Commissioning PCT will be monitored by the Strategic Health Authority (SHA) using the WCC framework[5]. This measures the PCT against the 11 WCC organisational competencies.

[5] *Commissioning Assurance Handbook*, DoH, 4th June 2008.

Conclusion

WCC is a continuous process to improve public health, reduce health inequalities, and raise standards of health care.

Commissioners should base their decisions on identified health needs. It is crucial that the wider health and care community are involved in commissioning decisions through effective engagement of individuals and communities.

The RCN believes that nurses, with their knowledge and experience of individuals, communities and the public are well placed to influence and shape the design of local services. Strong nursing leadership is key to developing effective partnerships to ensure that patients and the public benefit from high quality person-centred services. Nurses must ensure that they are actively involved in local mechanisms for clinical engagement.

If you would like further information about World Class Commissioning or Transforming Community Services, please contact us at: policycontacts@rcn.org.uk .

Further Information is also available at:
http://www.rcn.org.uk/support/transforming_community_services

Appendix 1
Example of a Commissioning Process for an Out of Hours Service

Sunnyview PCT had two different Providers of out of hours care operating in different geographical areas of the PCT. A different level of service was delivered in each area.

1)	**Needs analysis –** The commissioners were aware that one area of the PCT had significant levels of deprivation and a higher than average elderly population.
2)	**Service Review –** Both services were reviewed in light of performance and ongoing quality monitoring. As one of the contracts was due for renewal, it was agreed that current services did not meet all needs. The financial cost of the contract meant that under regulations a formal procurement would need to take place. This would also ensure that safety, efficiency, and quality were incorporated into the new contract
3)	**Identify new & changed services –** Having two providers was not the most effective way ensuring a high quality service was delivered to the patient population of the PCT. It also caused confusion for both patients who lived on the borders of the geographical areas and staff caring for patients in the community. It also meant that two contracts were being monitored which were both developed at different times and therefore had different Key Performance indicators, they did not meet new quality requirements.
4)	**Service Specification –** After examining the needs analysis and looking at the gaps in the service a service specification was developed. This met with new guidance around quality monitoring, and linked directly with the National Quality requirements.
5)	**Procurement –** The service was put out to tender. A systematic process was then implemented to evaluate each provider against the requirements in the service specification, including quality and financial modelling. There were several companies interested in running the out of hours service for the PCT. The commissioners examined these proposals and shortlisted three potential providers. These three were invited to present plans to a panel of 12 commissioners, which included representation from the executive nurse, GPs, PEC Chair, PBC and others. A preferred provider was selected, whom the commissioners then negotiated the contract with. It's worthwhile noting you need to be fully aware of what and how the contract will be monitored and what your negotiating position is.
6)	**Monitoring –** The contract is monitored by the commissioners on a monthly basis, with a full quarterly review. Their National Quality Requirements have to be sent within 10 days of the last day of the month, with all complaints, Serious Untoward Incidents, patient satisfaction audits and referral data.