

# Commissioning quality care

In the last of our series of articles on care planning, **Nick Lewis-Barned** and **Jill Mitchell** examine the Year of Care approach to commissioning services in England and Wales

Commissioning in the NHS is the process by which health and care services are purchased and delivered to meet the population needs, based on quality markers, clinical outcomes and ensuring best value for taxpayers' money. The commissioning process involves a range of separate but related processes that include: needs assessment; prioritisation of the most important outcomes for a population; and purchasing and managing delivery of services through a range of service providers. Diabetes accounts for as much as 10 per cent of NHS expenditure, the majority of it being spent on long-term complications, so delivering services to reduce these is high on the agenda for health commissioners.

In previous articles, we have examined the clinical consultation skills needed to deliver a care-planning approach. This calls for engaged and informed patients and healthcare professionals committed to partnership working, and the organisational processes required to support this approach. By adopting this approach, the care planning 'house' will be balanced and effective (see Figure 1). However, without effective commissioning, these parts of the 'house' will lack essential stability and support.

This time, we look at the Year of Care approach in relation to the commissioning of diabetes services in England and Wales (Scotland has a different system) and how the Year of Care can link commissioning more closely to the specific services that patients say they need through care-planning consultations. We will make use of the knowledge gleaned from the three Year of Care pilot sites: Calderdale and Kirklees Primary Care Trust, Tower Hamlets Primary Care Trust, and NHS North of Tyne.

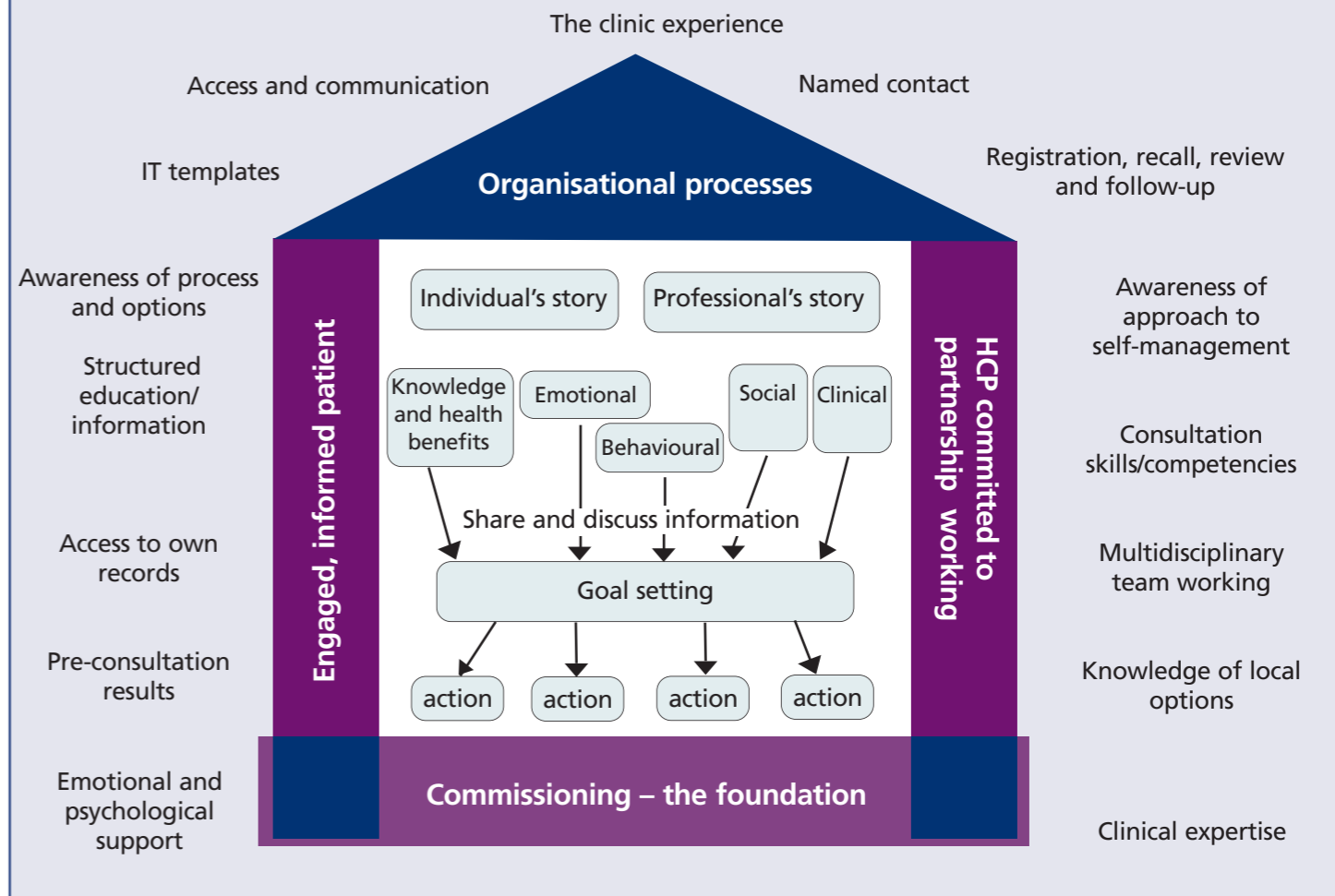
## How commissioning works

Primary care trusts (PCTs) undertake commissioning for healthcare on behalf of their populations in defined geographical areas. 'Commissioning a patient-led NHS' (see 'Further information', page 31) has separated the process of commissioning from the provision of services. This 'purchaser-provider split', as it is sometimes known, is intended to ensure that populations' needs are assessed independently and with their interests in mind. In this approach, commissioners act as purchasers, while acute trusts, general practitioners and other agencies act as service providers. The introduction of practice-based commissioning provides the opportunity for local communities to have a more direct influence on the commissioning of services.

In many places, PCTs have entered into arrangements for commissioning across multiple PCT populations. In the process, they have often inherited a patchwork of historical arrangements for the commissioning of diabetes services. Consequently, levels of investment and clinical outcomes vary across diabetes networks, with the knock-on effect that the needs of people with diabetes are not always met. By contrast, high-quality commissioning is linked to a process of understanding the needs of a population, clarifying which services are in place, undertaking a 'gap' analysis, deciding with all of the key stakeholders (including users) on the model of care that will best meet the population's needs, and then prioritising the necessary changes and commissioning services on that basis. A number of resources have been developed specifically to

Figure 1: Bringing it all together – the Year of Care house

The figure below illustrates that the very foundation of the Year of Care approach is commissioning – nothing will stand up without a firm foundation. The walls and roof show the key components of care planning described in the 2006 *Care planning report*. These are: an engaged, informed individual; healthcare professionals committed to partnership working; and organisational processes. The individual aspects described on the outside of the house show the building bricks that contribute to these components. Only when all of these are in place can a care-planning consultation – shown in the very centre of the house – take place successfully.



support diabetes commissioning, including a list of essential competencies such as developing local leadership and vision, engagement with patients and the public, collaboration with existing networks, and management of the local system.

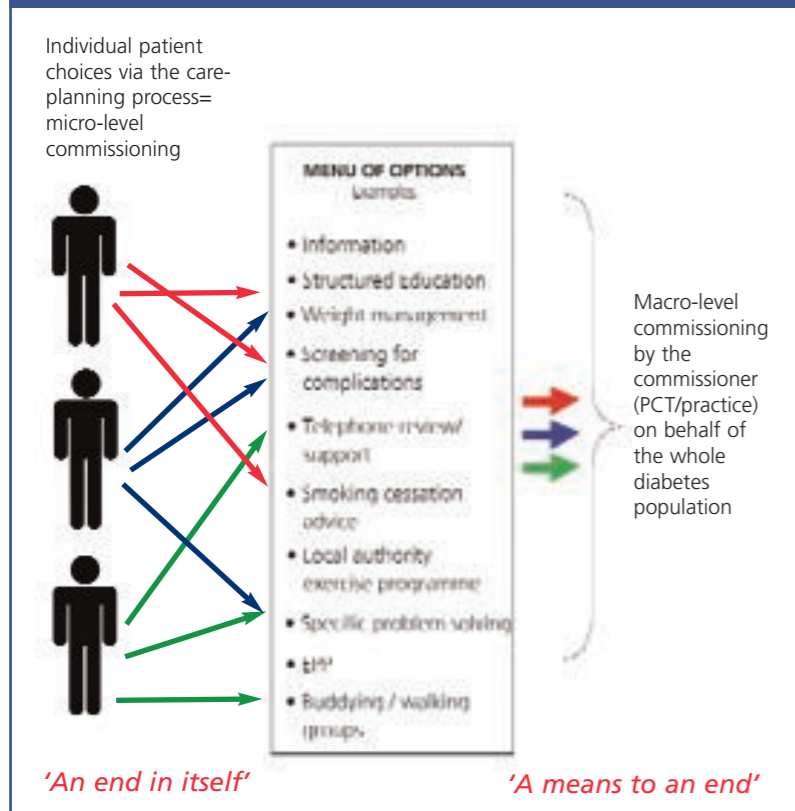
However, even when all of these elements are in place, there is still a tendency for the commissioning process to be led by what health experts perceive to be the solutions to a community's health needs. For example, a high prevalence of obesity in a population may lead to the commissioning of more local weight-management programmes. However, if – for whatever reasons – only one in three of the people who might benefit make use of this resource, then there is a mismatch between what is commissioned and what is actually needed.

## How the Year of Care approach helps

Central to the Year of Care approach to commissioning is the idea that, during care-planning consultations and processes, we can 'capture' patients' aspirations, choices and needs, then use these across a network as an accurate measure of what needs to be commissioned in terms of services and to support self-management. This approach is known as 'linking micro- to macro-commissioning' (see Figure 2). During the national Year of Care pilot, it became clear that a number of other commissioning tasks are also needed to support a Year of Care approach:

- commissioning care planning
- service user involvement.
- developing the menu of local options.

Figure 2:



The development of the menu of local options is in many ways at the heart of the process. It requires an awareness of what is available, for example retinal screening, weight-management programmes, smoking-cessation support or structured education, and buddying. These should be developed in advance of setting up the Year of Care approach, and can be identified through the process of commissioning, through a whole-system scoping exercise that involves service users. The choices that patients make during consultations can also influence whether more or less of a service is commissioned, and can even help identify new and innovative services.

**Linking to wider commissioning tasks**

The pilot sites also found that the elements of commissioning for Year of Care (commissioning care planning, service user involvement, micro-to macro-commissioning and developing the menu of local options) link to wider commissioning tasks across populations. The linked tasks can be represented as the sails of a windmill based on the principles of World class commissioning developed by the Department of Health (see 'Further information', page 31), with people with diabetes firmly at the axis (see Figure 3).

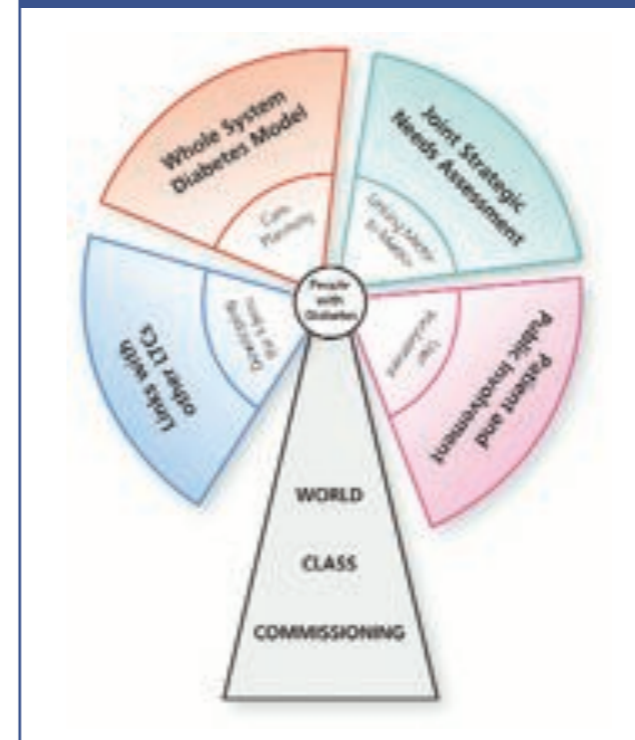
For diabetes services, commissioning a Year of Care approach is part of the process of commissioning an overarching local model of diabetes care, with clear vision, aims, objectives and principles, designed around the needs of people with diabetes. Having this model will allow consistency and integration across the local health system. Specific contractual arrangements can then be agreed and monitored, one of which is the commissioning and delivery of a Year of Care approach. Developing this model will also clarify the relationships between people with diabetes, community services, primary care, the specialist teams, healthcare trusts and commissioners, and the part that each plays in receiving and delivering diabetes services. Similarly, as mentioned above, the development of a menu of care requires a joint strategic needs assessment for the population as a whole, which may go beyond just diabetes, overlapping,

for example, with primary and secondary prevention of vascular and kidney disease.

Once developed, this menu of options can be modified and shaped in 'real time' in the commissioning cycle by capturing outcomes and choices in consultations, and managing resources to respond to specific identified needs. This calls for sophisticated information technology to allow consultation outcomes to be brought together across the system. The necessary infrastructure is presently under development.

Clearly, the menu of options that develops for people with diabetes will have some overlap with the options for people with other long-term conditions. For example, people with vascular disease and joint disease, and those with diabetes, may well require support for weight management. Although this menu will continue to be shaped by the outcomes of care-planning consultations, it will need to be periodically reviewed to ensure that it is updated as new technologies, opportunities and insights emerge. While techniques such as social marketing can help the process along, it is also essential that healthcare professionals are aware of the options available to them and able to direct patients to these services using approaches such as information prescription (see 'Further information', page 31).

Figure 3



Patients have a strong desire to influence the services they get, and the final sail of the 'windmill' recognises the need for genuine partnership between patients and healthcare professionals so that people with diabetes are not only the focus of the strategy, design and delivery of the Year of Care approach, but also key decision makers on every aspect of the programme.

**Effective engagement**

The Year of Care pilot sites were most successful where the process of engaging users was linked to a wider user agenda. For example, in areas of health deprivation, focus groups, posters, publicity in local newspapers and on radio, and fliers in GP surgeries – all linking the Year of Care to other health improvement agendas – helped to spread the word. They also worked effectively alongside more focused awareness raising in community and religious centres, clubs and social groups. Such an approach encourages the development of user leadership, which can, in turn, influence the way that services are identified and implemented for people with diabetes, while at the same time helping to validate the menu of options.

It should be stressed that a Year of Care approach represents a huge cultural shift for those using services and those providing them, in equal

measure. If people with diabetes and other long-term conditions are truly to benefit from this shift, we need a proactive and planned strategy for sharing information with them and helping them prepare for this radically different way of delivering care. This too requires user ideas, support and involvement.

**Monitoring and quality assurance**

As with all commissioning activity, it is essential to know what is being delivered, how effective it is, and its impact on clinical outcomes and health inequalities. Commissioners will want to use the opportunities that clinical information systems offer to determine whether care planning is taking place and decide which measures represent successful change. At the same time, contractual obligations, user experience and success with self-management all need to be monitored. The necessary support tools are being developed in the pilot sites and are outlined in *Getting to Grips with the Year of Care: A Practical Guide*, published by the National Diabetes Support Team (see 'Further information', below).

There is no denying that commissioning services is a complex process. Nevertheless, the evidence of the pilot sites suggests that the Year of Care approach has the potential to deliver significantly better outcomes by improving patient satisfaction and self-care and enhancing the way that services are matched to needs.

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**Further information**

- 'Commissioning a patient-led NHS': [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4116716](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4116716)
- World class commissioning: [www.dh.gov.uk/en/managingyourorganisation/commissioning/worldclasscommissioning/index.htm](http://www.dh.gov.uk/en/managingyourorganisation/commissioning/worldclasscommissioning/index.htm)
- Information prescriptions: [www.dh.gov.uk/en/Healthcare/PatientChoice/BetterInformationChoicesHealth/Informationprescriptions/index.htm](http://www.dh.gov.uk/en/Healthcare/PatientChoice/BetterInformationChoicesHealth/Informationprescriptions/index.htm)
- *Getting to Grips with the Year of Care: A Practical Guide*: [www.diabetes.nhs.uk/year-of-care-practical-guide-has-been-published/](http://www.diabetes.nhs.uk/year-of-care-practical-guide-has-been-published/)