Who pays for it anyway?
Commissioning of Nutrition Services

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Presentation Overview

• What is Commissioning
• Optimising the Commissioner / Clinician relationship
• Speaking in tongues - The “Commissioning” Agenda
  • WCC, QIPP
• An example of good commissioner / clinician joint working
Commissioning

“The process by which the NHS ensures that the health and care services provided most effectively meet the needs of the population”

The **Right Patient** receives the **Right Treatment** from the **Right Provider** at the **Right Time** for the **Right Cost** to the **Right Quality**
Commissioning: Managing the flow of resources

£80bn (Revenue)
152 Primary Care Trusts (PCTs)
10 Specialised Commissioning Groups (SCGs)
National Commissioning Group (NCG)

£90bn
10-15% 0.6% (£470m)

Healthcare Providers
The Commissioning Cycle
The Commissioning Cycle

- Assess needs
- Review current service provision
- Decide priorities
- Specify services
- Shape structure of supply
- Manage demand and ensure appropriate access to care
- Manage performance (quality, performance, outcomes)
- Clinical decision making
- Strategic Planning
  - Specifying outcomes and procuring services
  - Managing demand and performance

Patient and Public Involvement
Commissioning: Managing the flow of resources

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Healthcare Providers
Commissioning: Tiers of commissioning

- **National**
  - NCG – National Commissioning Group
    - • Severe Intestinal Failure
    - • EPS
    - • Pseudomyxoma Peritonei
    - 50 million

- **Supra-Regional**
  - SCG Collaboratives
    - • Rare Cancers
    - • Intestinal Failure Surgery
    - 5 - 15 million people

- **Regional**
  - SCG – Specialised Commissioning Group
    - • Type II Intestinal Failure
    - • Home Parenteral Nutrition
    - 1 - 5 million people

- **Local**
  - PCTs
    - • General acute gastroenterology
    - • General Colorectal Surgery
    - 100,000 – 1 million people

- **Practice**
  - Practice-based commissioning
    - • Home Enteral Tube Feeding
    - • Community Dietetics
    - • District nursing
    - Less than 100,000 people
152 Primary Care Trusts

Hold “revenue” - £80bn revenue funding from Department of Health

Commissioners of vast majority of Health Services
10 Specialised Commissioning Groups (SCGs)
Joint Sub Committee’s of their constituent PCTs
PCT Chief Executives are the members of the Committee
Spend on Specialised Services represents approximately 10% of NHS revenue allocation.
SCGs collaborate on Supra-regional services
These collaborative zones cover more than one SCG area.
National Commissioning Group commissions Highly Specialised Services.

Budget for Highly Specialised Services is £470m (0.6% of NHS revenue allocation)
Optimising the Commissioner / Clinician relationship

“How do we maintain a good relationship with our commissioner? … We ply him with nice chocolate biscuits, that seems to do the trick”

Provider of community services
Optimising the Commissioner / Clinician relationship

- Recognising that Commissioners and Clinicians have the primary goal – to have a positive effect on the health and wellbeing of patients
- Culture of openness and honesty
- Recognising that we don’t always speak the same language.
  - Identify ways of mitigating this
  - Taking each other on “journeys” to better understand the context that we operate in.
- Working towards being solution focussed rather than problem focused.
Speaking in tongues: the commissioning agenda
Vision: World class commissioning aims to deliver

- Better health and well being for all
  - People stay healthier for longer – “adding life to years.”
  - People live longer and health inequalities are dramatically reduced – “…and years to life”
- Better care for all
  - Services are of the best clinical quality and evidence based
  - People exercise choice and control over the services that they access so they become more personalised.
- Better value for all
  - Informed investment decisions
  - PCTs work across organisational boundaries to maximise effective care.
Competencies: World class commissioning – know, do, be.

1. Locally lead the NHS
2. Work closely with community partners
3. Engage with public and patients
4. Collaborate with clinicians
5. Manage knowledge and assess needs
6. Prioritise investment
7. Stimulate the market
8. Promote innovation and improvement
9. Secure procurement skills
10. Manage the local health system
11. Make sound financial investments
Competency 4: Collaborate with clinicians

World Class Commissioners lead continuous and meaningful engagement with clinicians to inform strategy, and drive quality, service design, and resource utilisation.

Clinicians are best placed to advise and lead on issues relating to clinical quality and effectiveness. They are the local care experts, who understand clinical needs and have close contact with the local population. By encouraging clinical involvement in strategic planning and service design, World Class Commissioners will ensure that the services commissioned reflect the needs of the population and are delivered in the most personalised, practical and effective way possible.
Speaking in tongues: the commissioning agenda

Next Stage Review – David Nicholson’s Quality & Productivity Challenge (DH Gateway Ref:12396)

• Quality
• Innovation
• Productivity
• Prevention

Will be a key focus of the NHS Operating Framework for 2010/11 which is due for publication before Christmas.
The NHS in England is faced with the prospect of finding savings around £15-20bn over the period of 2011 - 2014. PCTs are to plan for real term reduction of at least 2.5 -3% from 2011.

Protecting & sustaining the quality agenda is crucial. Quality holds the key to realising efficiency savings, & is the cornerstone of delivering safe, effective patient care.

The NHS must collectively mitigate the effects of increasing demand in the face of decreasing budgets.

The NHS will not survive the impending squeeze unchanged.
Example of a good collaboration between clinicians and commissioners


A普RIL 2008

Endorsed by:
Drivers for this work

Uneven use of Home Parenteral Nutrition in England – 2.8ppm to 21ppm
Access issues to nationally designated Severe IF Units
  • Waiting List Mortality
  • Unequal referral from SHA areas
  • 30% of activity not highly specialised
Significant variation in Outcomes across England
Perverse incentives not to develop regional services
Development of a strategy
- a timeline

- January 2006 – Ad-hoc Group on HPN Commissioning.
- February 2006 – UKHPN/BAPEN feed into review of Specialised Services in England (Sir David Carter)
- March 2006 - UKHPN write to Dame Carol Black
- May 2006 – PRCP meets CMO. Prioritised, officials to work on policy development
- June 2006 – Workshop on HPN & IF. Working group to examine and report on development of a national network and recommendations for commissioning
- August 2006 – First HIFNET Meeting convened
- January 2008 – Final HIFNET Meeting
- March 2008 – Strategic Framework completed
- Summer 2008 – Endorsed and adopted
HIFNET: A representative working group

DGH
Teaching hospitals
NCG funded units
RCP
NICE
Nursing
Dietetics
Pharmacy
Patients Group
BAPEN Medical

National & Regional Commissioners
Aims

- Equity of access for English IF/HPN patients
- Consistent, high care standards through England.
- Access for patients to high quality and clinically safe services as close to their home as possible.
- HPN/IF to be patient-centred and to use resources appropriately and effectively.
- Build on the success of the two principal IF units at St Marks and Hope by enhancing effective links between them and enhancing appropriate throughput by devolution of care.
- Reflect on models of care and ensure that the emerging framework of services remains relevant to the patients.
- Develop and sustain mechanisms that demonstrate value for money in the provision of HPN and IF services to Commissioners: Audit and Outcome data.
Levels of Need

18 patients per million Type II IF – defined as PN for 14+ days
14.6 patients per million on HPN (2 new per million annually)
Work needed to look at HPN needs of Oncology patients
BANS key tool in monitoring prevalence for HPN
Service Configuration

- National Network
- Four “Types” of service provider with distinct different and complementary roles
- Mechanism of communication and co-ordination
- Ongoing Care managed at Sector II/III
- Ease of Patient referral and movement between provider types in line with need
- SCGs to designate and commission Sector II and III
Homecare services

- Consistency in contracting arrangements with Homecare providers
- Hospitals should become the “customers” of homecare
- Procurement options explored
- How is nursing and support best provided for patients at home?
Standards

- The strategic framework outlines a number of standards for provision of HPN and IF services
- These standards are to be used by commissioners as a tool for designation of providers
- Recommended that these standards are subject to ongoing audit
- Standards to be reviewed every five years.
Commissioning

- NSCG sub-group to drive forward implementation of the strategy
- National decision about number of Sector III units. SCGs each to decide how many Sector II units
- Encourage satellite provision in Sector I
- Closer links to Small Bowel Transplantation services
- Further work to be done on appropriate “currencies” for IF and HPN
Clinical Outcomes

- Programme of regional and national audit co-ordinated by HIFNET
- HIFNET to develop common protocols for collection of audit data to facilitate consistency
- Designated providers to conform to protocols for participation in standardised audit programme.
Adopting the Strategy

Strategy endorsed by the RCP and RCSEng in April 2008
Strategy Endorsed by the NCG in April 08
Document endorsed by the Directors of Specialised Commissioning Group in June 2008
Adopted by National Specialised Commissioning Group in July 2008 as a National Commissioning Policy
SCG workplan for 2009/10 for 1 April 2010
Implementation Plan signed off by SCG Directors in May 2009.
Progress

- SCGs have each undertaken regional stocktake exercises:
  - All Acute Trusts – All TPN, TPN over 14 days, TPN over 28 days, Surgery, HPN Prescribed
  - All PCTs – Number and Arrangements for patients they fund on HPN
- Provider engagement events in Autumn in each SCG area.
- Work with BANS to generate data fit for purpose
- Network Structures
- Costing and Currencies
- Designation Processes for Sector II