

# **RCN Policy Unit**

### Policy Briefing 07/09

## A Short Guide to World Class Commissioning

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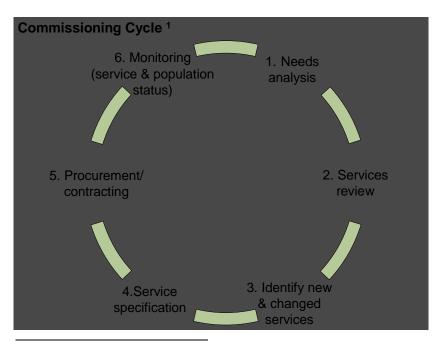
#### Introduction

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'<sup>1</sup> encompasses all Primary Care Trust (PCT) and 'clinical commissioning'<sup>2</sup> 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)<sup>3</sup> and the 'Transforming Community Services'<sup>4</sup> 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:



<sup>1</sup> www.dh.gov.uk/worldclasscommissioning 16.04.09

<sup>2</sup>  $\overline{Clinical com comysis}$ 



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<sup>5</sup>. This measures the PCT against the 11 WCC organisational competencies.

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#### 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 .48a226