RCN fact sheet: Commissioning support services
October 2012

Introduction

The Health and Social Care Act 2012 includes radical reform of the way that health care is commissioned in England. The Government's aim for these changes is to produce a more clinically-led and patient-focused NHS which is innovative and has reduced administration costs.

subject to change as guidance is being developed.

Background

As part of the reforms primary care trusts (PCTs) and strategic health authorities (SHAs) are being abolished. In their place will be a new system for commissioning. The NHS Commissioning Board (NHS CB) is a national body which will be given a formal mandate to oversee the commissioning of health services in England by the Secretary of State for Health from April 2013 (apart from public health services, which will be commissioned by local authorities).

The NHS CB will delegate responsibility for commissioning most hospital and community health services to a network of 212 clinical commissioning groups (CCGs), though it will commission certain specialised services itself (those that need to be organised nationally like spinal injuries services, or those for conditions that affect a small number of people). CCGs will therefore commission emergency care, community care, planned hospital care, and mental health and learning disability services in their local areas.

A number of other new types of organisations will form across the country to support and advise the NHS CB and the CCGs.

What are CSSs?

The commissioning process is complex and continuous, requiring a lot of research, planning, legal contracts and monitoring in order to properly meet the health needs of a population. CCGs and the NHS CB will be responsible for all this from April 2013. Like all organisations, they will also require services like HR, IT and administrative support.

To allow them to concentrate on improving clinical care pathways – their area of expertise – and to improve efficiency, CCGs and the NHS CB will be able to contract other organisations to carry out some of the commissioning functions for them. These organisations are called commissioning support services (CSSs).

What will they do?

Commissioning support involves a wide variety of activities. These could be as seemingly straightforward as payroll services for staff, or as complex as forecasting the health needs of a population. A CSS could specialise in one particular activity or product, it could offer a "one stop shop" service, or anything in between.

As a guide, the NHS CB has divided all of commissioning support activity into seven broad categories[1]:

Health needs assessment – developing joint strategic needs assessments (JSNAs), forecasting local health needs and identifying gaps in service provision.

Business intelligence – data collection, analysis and risk stratification.

Support for redesign – service reviews, clinical specification and pathway design.

Communications and engagement – engaging stakeholders and the public, press work and campaigns.

Procurement and market management – identifying best value providers, tendering and formal contract management.

Provider management – monitoring contracts to ensure that they are fulfilled.

Back office – finance, IT, legal and HR services.

Major clinical procurement (for example standard tools to make sure all contracts are legally compliant).
Communications and engagement.

What will they not do?

CSSs will not be able to make actual commissioning decisions – this power will remain with CCGs and the NHS CB. However, CCGs and the NHS CB can get support or advice from CSSs to make better informed decisions.

What form will they take?

It is likely that CSSs will take many forms, which it is hoped will foster excellence and value for money. Some will be in the independent sector, some in the voluntary/third sector and some in the NHS (see below). In fact, CCGs could themselves be CSSs, as one CCG could provide services for another CCG. Some CSSs will operate nationally, while some will perhaps only cover one geographic area.

The idea is that each CCG will be able to choose from a variety of organisations to create a model of service which best meets their needs, and the needs of its population. For example, a CCG could choose to run all its support functions in-

CSUs from April 2013. These will be “hosted” by the NHS CB from 2013 to 2016 to form a transition period, although their staff will be formally employed by the NHS Business Services Authority to avoid conflicts of interest.[3] After 2016 the CSUs will have to operate independently outside of the NHS.

This process is to allow continuity for CCGs, mitigating risk as they take over responsibility for commissioning, while also retaining the expertise and local knowledge housed in PCTs.

To be eligible to be hosted by the NHS CB, potential CSUs have to go through an assurance process to make sure they are leadership focused, customer focused, delivery focused and business focused. This involves three checkpoints:

1. December 2011/January 2012 – based on a prospectus
2. March/May 2012 – based on an outline business case
3. August/September 2012 – based on a full business case

23 CSUs passed checkpoint two and are currently working towards checkpoint three. If they pass that, then they will be allowed to begin operating fully in April 2013.

During the transition period, the NHS CB will host the CSUs at arm’s length, so the leaders of each one will be responsible for their work. The board aims to work with CSUs to help them become robust, independent bodies within the new marketplace.

All 23 CSUs are named after geographical areas of England, showing which PCT cluster they originated from, but CCGs are free to buy services from any CSU or none at all. The NHS CB has already approved some of them to carry out one or more of the four “national” activities listed above. CSUs will work collaboratively to deliver these. outout6 [(t)-4Cca/ca lP