

Executive Summary



The Health and Social Care Bill 2011 proposes multi-professional involvement in the design and commissioning of health services. This will occur at every level within the healthcare system and requires the establishment of robust clinical and professional networks and multi-speciality Clinical Senates to provide strategic advice.

“Clinical commissioning is a huge opportunity to achieve positive cultural change that will put in place an NHS that we can continue to be proud of - because at the heart of it will be services that deliver improved patient care informed and led by the professionals represented at the Summit here today,”

Dr Clare Gerada, Chair of Council RCGP

In response to the Bill, a Clinical Commissioning Summit was convened on 6th October at BMA House in London to bring together key stakeholders from Royal Colleges, professional bodies, patients and service representatives. Organised in partnership between The Royal College of General Practitioners (RCGP) Centre for Commissioning, The Health Foundation (THF) and the Academy of Medical Royal Colleges (AoMRC), the Summit aimed to make recommendations around the key issues that will underpin clinical and professions commissioning and joint working. Delegates were encouraged to develop a shared understanding of clinical commissioning; explore the areas of concern; generate ideas and, as far as possible, set out the issues and associated guidance that underpin and drive joint clinical and professions commissioning. Prior to the meeting, delegates were asked to define the leadership values and behaviours that will be required to make joint clinical commissioning successful and any specific actions required now at national and local level to help inform the day.

The Summit opened with a welcome address from Professor Sir Neil Douglas, Chairman of the Academy of Medical Royal Colleges (AoMRC), followed by two keynote addresses given by Professor Steve Field, Chairman of NHS Future Forum and Professor Martin Marshall, Clinical Director and Director of Research and Development at the Health Foundation. Following these, the remainder of the day was based on a series of workshops in which delegates gave frank and open views on a number of key topics, with a concluding plenary seeking to list the key recommendations and feedback from the day's events.

In closing the summit, RCGP Chair Dr Clare Gerada told delegates it was important not to assume that any single professional group had all the answers and to always keep in mind that commissioning was a clinical agenda, not a medical one.

The Summit, funded by the Department of Health and the Health Foundation and attended by 140 delegates representing the spectrum of Royal Colleges, professional organisations and patient groups, provided a forum for developing a shared understanding of commissioning, for exploring concerns and for generating ideas to help drive joint clinical and professional commissioning forward positively, constructively, collaboratively, interactively and soundly as a basis for creating and developing clinical commissioning with professionalism and patient care at the very heart of it.

This document provides delegates with a summary of the main points from the various elements of the Clinical Commissioning Summit day.



Pre-work – Summary of Leadership Behaviours

To prepare for the event, delegates were asked to answer a pre-work question:

“Clinical commissioning will not operate as effectively as it could to improve services in the interests of patients, unless we model the following leadership values and behaviours.”

Several themes emerged:

Collaboration

- A multi-professional approach.
- Joint working with social care commissioning.
- Breaking down barriers between primary and secondary care.
- Engagement with all parties.
- Active partnerships.

Selflessness

- Patient interests above all other interests.
- Patient-centered, evidence-based and clinically-led commissioning.
- Single minded focus on the needs of service users.

Accountability

- Wide variety of clinicians involved in commissioning decisions.
- Unified approach from healthcare professionals at a local level.
- Appropriate information about the services being commissioned from a quality perspective.
- Engagement of experienced clinicians on considering population needs and redesigning pathways.
- Understanding that contracts can be more successful if outcome, rather than delivery-based.

Ownership

- Recognition and response to the urgency of current NHS pressure by shifting focus away from hospitals into the community.
- Unity, clarity and simplicity in the messages being communicated about commissioning.
- Difficult decisions on the redistribution of services are required.
- Removal of ineffective bureaucracy and ineffective layers of management.

Innovation

- Creation of room for imagination and thinking differently.
- Creation of a culture of innovation.
- Development of different models of providing care using the same workforce.
- Planned service improvements underpinned by solid evidence.
- Support for innovation from leaders.



“The most striking feature of today’s meeting is that we have in a single room, representatives of all of the professionals and managers involved in delivering patient care who are all here because there is a unified desire to improve the patient journey by working out together how we can best configure clinical commissioning,”

Professor Sir Neil Douglas, Chairman, AoMRC

This opening statement from Professor Douglas exemplified the tone and atmosphere of the Summit’s discourse. The unique opportunity afforded by the representation of all of the national clinical professional bodies in a programme of engagement was celebrated throughout the day. Professor Steve Field gave a positive address about the work of the NHS Forum, commenting that the overwhelming message from the 6,700 people spoken to and the 25,000 emails received in relation to the listening exercise was that the NHS was a highly valued institution that was related directly to the pride that people took in their country. He said that the principle of clinicians leading the commissioning process was well-accepted, supported by patient involvement. Collaboration, above competition, was acknowledged as the driving force of the development of a new iteration of commissioning, he added. But big questions remained. At what level should commissioning occur? How will risk be managed? What about conflicts of interest? How can services be designed to meet the needs of local populations with those needs varying from place to place? How can excellence be enshrined and ensured? *“If we do not have clinical leadership in the commissioning process, we will end up with the most centralised system the NHS has ever seen and so we need clinicians to take the professionals to take this forward,”* concluded Professor Field.

Professor Martin Marshall then spoke to the theme of the challenges facing clinical commissioners. He began by putting two key questions to the audience to consider whilst in the workshops: How do we ensure commissioning is orientated around patients? How can we ensure that the right balance between specialism and generalism is achieved? The central point of Professor Marshall’s thought-provoking address was that the aspirations of clinical commissioning will be achieved only if clinical commissioning is regarded as a cultural change. *“The big challenge is how this iteration of commissioning can be different,”* he proposed, arguing that commissioning should encourage the professions to ask themselves what it means to be a professional in a modern healthcare system. In tandem, argued Professor Marshall, data collection and sharing needs to improve, current structures and working patterns will need to change and, most importantly, space needs to be created for professionals to purposefully address these cultural challenges. *“Effective engagement may not happen as quickly as the politicians want it,”* he said. Professor Marshall also added that a focus on education and training requirements to support a new model of professionalism was essential.



Workshops

Based on twelve topics, two workshop sessions formed the core of the day's activities, devised to stimulate discussion centred on identifying issues, challenges and suggesting solutions. Each workshop was facilitated to help provide clarity and actions moving forward, supported by a scribe capturing the key points of the discussion. Delegates had the opportunity to explore key issues in regard to clinical commissioning, including the role of Clinical Senates, commissioning to deliver the Outcomes Framework, working with Health and Wellbeing Boards, handling conflicts of interest and the role to be played by professional bodies. Each workshop was asked to identify the issues and opportunities surrounding their topic area; define what would be considered a successful outcome; consider what is needed to achieve such an outcome; and offer advice on what the Colleges and Professional Associations should do next.

Summary of Workshop Feedback

Issues Identified

- Commissioning should be directed at achieving clinical outcomes but will this be the case?
- Commissioning should be transparent but difficult to achieve this when poor understanding of commissioning exists.
- Reconfiguration of Primary Care Trusts (PCTs) and health authorities will have negative impact on timing of commissioning processes getting off the ground effectively.
- The cultural change required to make commissioning work will meet resistance in some parts.
- Professionalism could be threatened if leadership is ineffective.
- Political pressure and the desire for quick solutions could impede the effectiveness of clinical commissioning in the long-term.
- Poor understanding of clinical commissioning amongst the general public could affect public engagement.
- Poor understanding of clinical commissioning amongst members of Professional Associations and Colleges could affect professional engagement.
- Variation on the collection of data across the country could hinder progress.
- Protectionism from certain parts of the professions may impede progress.
- Conflicts of interest are inevitable and will be a threat if there is a lack of process for establishing and monitoring them.
- Lack of clarity about aspects of commissioning such as senate groups will be a barrier.

Success Factors Identified

- Information exchange through effective networks is essential.
- Standards are essential.
- Clear objectives for all aspects of commissioning are essential.
- Meaningful representation is essential.
- Patients must be at the heart of everything – and not just in name only.
- Professional leadership is paramount.
- Workforce development is needed – training and education must be a key part of the process.
- Clear evidence base is required to underpin any changes.



Opportunities Identified

- The Health and Social Care Bill gives Colleges and Professional Associations the chance to lead the commissioning agenda.
- The Bill also offers Colleges a significant role in delivering authoritative advice to their members on how to adapt to their commissioning roles.
- There will be a number of opportunities for Colleges and Professional Associations to engage in collaborative ventures.
- Local people could have a real influence over public health services.
- Clinical commissioning is an opportunity to create a more collaborative culture.
- Engagement between the professions for the good of patients is an opportunity through clinical commissioning.
- Raised standards should result.
- Better collection of data should result.
- Better services for the needs of the population now and in the future should result.
- Improved quality of care should be the over-arching ambition.
- Addressing gaps in quality of care is key to successful commissioning.

Actions Identified

Colleges and Professional Associations should:

- Develop partnerships and areas of common interest.
- Ensure consistency of core services.
- Develop guidance with other clinical partners to give advice on care provision by clinical teams.
- Build partnerships around service provision.
- Inform their members about commissioning to ensure clarity.
- Be less precious about individual professions, create leadership development programmes and encourage the learning of new skills.
- Develop standards on data and information and produce performance measures to evaluate commissioning.
- Support public health education efforts for patients and healthcare professionals.
- Promote commissioning to members.
- Encourage patient engagement.
- Be proactive in accrediting services.
- Provide standards for local discussions surrounding commissioning.
- Support training and education needs.



Conclusion

The key objective of the Summit was to provide leadership and guidance in developing partnerships/collaborations to achieve effective clinical and profession-led commissioning within local communities. Two-thirds of the attendees strongly agreed that the Clinical Commissioning Summit met their expectations and the objectives of the event and over two-thirds rated the speakers as good or very good. The workshops were highly valued by the attendees, with over 90% saying that they achieved the day's aims and were well organised.

The over-arching conclusion of this event was a strong sense that the various Colleges and professional bodies want to lead the clinical commissioning agenda rather than standing back and reacting. There was also a strong sense of wanting to ensure present and future members were prepared for clinical commissioning developments. Consideration given to the training of the future workforce as the NHS responds to the changes that are bound to arise as a result of clinical commissioning, was concluded as a critical requirement. The delegates reported that they believed strongly, clinical leadership was the make or break of clinical commissioning and the message that leaders needed to be courageous, innovative and willing to take tough decisions in context of encourage cultural change came across loud and clear.

Standard setting, transparency, evidence-based and with proper patient engagement were the phrases that resounded throughout the day and in the pre-work summaries that delegates provided. The aspiration that commissioning should be outcome-focused and driven by clinical performance was shared by all. There was also a strong message that patients were crucial to effective decision making and should be engaged wholeheartedly rather than symbolically.

The outcomes of the workshops should help to inform the next steps of the Summit, which is to define a longer-term strategy for the programme and its associated initiatives using the recommendations of the various workshops. It is vital that, following this unique opportunity, the momentum to work together to help lead clinical commissioning and provide policymakers and professional members of associations and colleges with the guidance that will make clinical commissioning successful is maintained. In this context, key stakeholders are meeting over the next few months to evaluate the outcomes of the Clinical Commissioning Summit with a view to devising appropriate work streams to take this process to the next stage. Delegates may be contacted in the near future to help determine the content of these workstreams and to enable them to be delivered. The feedback of delegates going forward will be highly valued. In particular, if there are further points of clarification or, of insight on reading the content of this summary, please write to: commissioning@rcgp.org.uk.

The engagement of delegates as exemplified at the Summit meeting is a critical success factor in making clinical commissioning work. The strong message that delegates embraced the notion of collaboration with all professional groups was a refreshing testimony to the value placed on the expertise within the clinical community that should be harnessed to ensure that when policy meets practice it does so in a feasible, progressive way for the good of all.





RCGP Centre for Commissioning

RCGP
1 Bow Churchyard
London
EC4M 9DQT

T: 020 3188 7400
W: www.rcgp.org.uk/commissioning
E: commissioning@rcgp.org.uk

**ACADEMY OF
MEDICAL ROYAL
COLLEGES** 

Academy of Medical Royal Colleges

10 Dallington Street
London
EC1V 0DB

T: 020 7490 6810
W: www.aomrc.org.uk
E: academy@aomrc.org.uk



The Health Foundation

90 Long Acre
London
WC2E 9RA

T: 020 7257 8000
W: www.health.org.uk
E: info@health.org.uk

