

COMMISSIONING – HOW DOES IT AFFECT YOU?

IN THE THIRD OF A SERIES OF ARTICLES OUTLINING
HOW THERAPISTS CAN ENGAGE WITH NHS REFORMS,
LOUISE ROBINSON AND NICHOLA WATSON UPDATE
READERS ON CURRENT DEVELOPMENTS

As already highlighted in previous articles^{1,2}, the passing of the Health and Social Care Bill in 2012 has led to dramatic changes in the commissioning landscape in NHS England. From 1st April 2013 Primary Care Trusts (PCTs) have been disbanded and Clinical Commissioning Groups (CCGs) have formally taken local control of NHS commissioning and funding. The NHS remains in a state of transition, but we are starting to see how the new world will look and operate.

It is becoming clear that, as with previous NHS reforms, the local implementation of national policy will differ from region to region; the answer to the question 'How does it affect you?' may differ, depending on your geographical location. Some areas of

the country are more prepared than others; some have had CCGs working in shadow form for well over a year; other areas are only now seeing their CCG posts being filled, with mental health leads only just being put in place.

One intended outcome behind changes to commissioning is to deliver more patient choice through initiatives such as Any Qualified Provider (AQP); another intention is to place clinicians, especially GPs, at the very heart of the commissioning process. CCGs are intended to create a clinically-driven system that is sensitive to patients' needs, and are the public bodies responsible for designing and commissioning health services. They are tasked with commissioning services that include planned hospital care, rehabilitative care,

urgent and emergency care (including out of hours), most community health services, and mental health and learning disability services. All GP practices must belong to a CCG, and their geographical coverage mostly corresponds to local authority boundaries. The CCG must have a governing body with a membership that includes a GP, at least one registered nurse, and a secondary care

doctor, who are responsible for agreeing and producing an annual commissioning plan based on the needs of the local population as set out in the Joint Strategic Needs Assessment (JSNA)³.

CHANGES IN ACCOUNTABILITY

With clinicians leading the commissioning process, we are seeing a transfer in accountability. The GP, who is traditionally the referrer and prescriber, now has part responsibility for ensuring the availability of appropriate services and treatments. GPs are essentially responsible for managing both the supply and demand; this is expected to lead to the more efficient and effective use of NHS resources.

While GP engagement is central to the new CCG structure, GPs are not expected to deliver all elements of commissioning and procurement – CCGs are employing trained and experienced managers and commissioners. The National Commissioning Board (NCB) has also decided to introduce regional Commissioning Support Units to help ensure CCGs are competent to deliver their responsibilities and are effectively held to account.

ANY QUALIFIED PROVIDER

The Any Qualified Provider (AQP) scheme is a way of commissioning services so that patients can choose from a list of providers who have made a successful application. AQPs can be from the NHS, private enterprise or the third sector. The AQP

The NHS remains in a state of transition, but we are starting to see how the new world will look and operate

Behind all these system and process reforms there is the human touch and local relationships will influence implementation

application process involves demonstrating that the service can meet the necessary quality standards and criteria for service delivery in return for a locally, or nationally, set tariff/payment for each intervention. It is also possible for some of the tariff to be based on payment by results that rewards good performance: for example, in clinical outcomes.

AQPs receive payment based on the number of patient contacts they achieve. When you consider that patients can choose from a list of AQP services, this introduces an element of competition to attract patients. It is this element of competition associated with patient choice that the Government hopes will help improve quality and encourage innovation. It can be argued that this system will informally regulate the NHS market through fixing the price of services and increasing the number of providers who will have to compete on quality instead of cost.

HOW THIS MAY AFFECT YOUR SERVICE

So will AQP happen in your area? Will your service have to apply for AQP? How will this affect referrals? AQP is not yet mandatory but it is worth noting that the Department of Health (DH) includes Primary Care Psychological Therapies (Adults) as a priority area for AQP implementation. It is also worth noting that CCGs have inherited the previous PCT target of achieving access to psychological therapies for 15 per cent of the local prevalence rate for patients with depression and anxiety, so there is an incentive to commission such services and AQP is one option.

If your CCG decides to apply AQP in this commissioning cycle for psychological

therapies, you are likely to find out around October. There will most likely be meetings with service providers where information and guidance will be given by the CCG. The application and assessment process will follow, and then contracting, so it will be some months before the new system is in place. This will probably be on 1st January, or the start of the next financial year in April 2014. This is a general timetable and some CCGs may set shorter deadlines. With regards to the impact of AQP on referrals, this is an unknown because it will be determined by how many other AQPs succeed in the application process and which services patients choose. It may be that your service needs to innovate and identify other funding streams.

CCGs will need to hit targets and meet quotas for psychological therapies whether they have implemented AQP or not; perhaps the biggest challenge for them is meeting the demand and the expectations of a growing patient population from a fixed budget. At a recent meeting, a commissioner based in the South of England explained how he anticipated increases in the commissioning of psychological services despite constrained costs. He said that he expects to see service providers showing innovation and evidencing outcomes, but most of all to be demonstrating cost-effectiveness.

WHAT CAN YOU DO?

As therapists, you can support your service to rise to these challenges by engaging in initiatives to measure, demonstrate and improve clinical effectiveness and cost efficiency. We also know that behind all these system and process reforms there is the human touch and local relationships will

influence implementation – you can contribute as advocates for your service and for counselling through your contact with GP practices.

Service managers and clinical leads have a more complex challenge ahead. You need to collaborate with your CCG mental health lead and consider how you will meet their budget restraints and performance targets. You should also understand the models to which the CCGs are working. Knowledge of AQP, JSNAs and the financial restrictions that CCGs are working to are paramount for receiving future referrals. It is also essential to engage with commissioners and GPs – these new systems do not change the fact that relationships with your GPs and mental health leads will be advantageous to your service. You might also engage with other local providers.

This short article has just touched on the ever-evolving NHS commissioning landscape. Situations will differ from region to region, so understanding your community needs will be vital. BACP is producing a range of free resources to help members advocate for their services. For more information, please see the advertisement on pages 46 and 47. ■

Louise Robinson is BACP's healthcare development manager. Nichola Watson is BACP's project officer for NHS commissioning. To contact Louise or Nichola about NHS commissioning, please email healthcare@bacp.co.uk

More NHS Commissioning Project resources are available free to download at www.bacp.co.uk/commissioning

REFERENCES

- ¹ Watson N. Commissioning in the NHS – so what's new? *Healthcare Counselling and Psychotherapy Journal*. 2012; 12(4): 22-23.
- ² Robinson L. NHS commissioning – the evolving picture. *Healthcare Counselling and Psychotherapy Journal*. 2012; 13(1): 30-31.
- ³ Department of Health. *Guidance on joint strategic needs assessment*. London: Department of Health; 2007.