

Care commissioning for England – an Intellect perspective on the challenges ahead

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About Intellect

Intellect is the trade association for the IT, telecoms and electronics industries in the UK. Its members account for over 80% of these markets and include blue-chip multinationals as well as early stage technology companies. These industries together generate around 10% of UK GDP and 15% of UK trade. Intellect is a not-for-profit and technology neutral organisation, which provides a collective voice for its members and drives connections with government and business to create a commercial environment in which they can thrive.

Intellect's healthcare programme represents and provides a collective voice for over 250 companies (from multinationals to SMEs), many of whom are at the forefront of developing and deploying solutions across the sector. The healthcare programme works with policy makers, decision makers and industry to enable the delivery of 21st century healthcare and offers high-level networking with government, industry and key stakeholders. www.intellectuk.org/healthcare

About this paper

This paper introduces Intellect's perspective on the challenges facing care commissioning in England and invites interested parties to contribute to the debate and work together to identify practical steps that can be taken to improve commissioning in England. It is clear that commissioning is here to stay, is increasing in importance and complexity, and will require substantial support from the supplier community to prosper.

The aim of this paper is to generate debate with key government and NHS stakeholders and explore the role of information and technology in the commissioning process. The feedback we receive will inform the development of a position later in the year.

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Care commissioning for England – the context

The new coalition government has already promised many changes for the NHS and, more generally, for health and social care, and in particular separate commissioning and provision of services is set to stay and evolve further.

Structurally, the next generation of commissioners is changing shape dramatically.

- Removal of SHAs and PCTs is likely to reshape market management and regulation and will create broad diversity between commissioning organisations.
- The introduction of a 'market' for commissioners, to drive up commissioning efficiency and effectiveness, is likely to increase the number of specialist commissioners in the market.
- The drive to GP-managed commissioning is likely to remove the 'clear' separation between provider and commissioner organisations, increase the number of commissioning organisations and encourage the formation of larger GP-led organisations.
- Personal care budgets for chronic conditions continue to be considered longer term, which could shift some aspects of care commissioning to citizens themselves.

Functionally, the key features for the next generation of commissioners are that they must:

- be about efficiency *and* quality, with an increasing emphasis on outcomes (results), not inputs or processes (effort);
- go beyond healthcare commissioning towards integrated care commissioning and embrace a wider mixed economy of social care, voluntary and private sector inclusion in service provision;
- look at the care system as a whole when taking commissioning decisions and determining 'value' and must manage out inequalities in the care system;
- shift care into more cost effective and value for money settings and plan/deliver 'decommissioning' of care services where it is uneconomical to continue them;
- create and use contract currencies and other results-focused metrics for all areas of care provision, with an emphasis on improving community, mental health and long term condition information;
- operate contracts and supporting processes, like procurement and risk/reward incentives, that are capable of monitoring and delivering the required QIPP (Quality, Innovation, Productivity and Prevention) savings; and
- overall, and at all times, keep the emphasis on doing what is best for patients, not for organisations, whether commissioner or provider.

The way healthcare is commissioned has a fundamental influence on the efficiency and effectiveness of service delivery. Commissioning has the potential to drive up quality by assessing needs accurately and defining standards of performance. The operation of the commissioning function depends heavily on good information and timely communication. By making improved use of proven supplier capabilities the NHS in England can accelerate development of its commissioning capabilities.

Market need and supplier opportunity

Commissioning is here to stay, is increasing in importance and complexity, and will require substantial support from the supplier community to prosper. So what are the opportunities for the NHS to benefit from the experience and capabilities of NHS information and technology suppliers?

Our paper identifies technology solutions and resource capacity in particular as two areas where information and technology can play a decisive role in improving the commissioning process.

Technology solutions – the system solutions to support the next generation of commissioning

- Reporting services and data warehousing

What commissioners need to support service planning and provision, contract negotiation and monitoring is data integration. For commissioners, the ideal would be provision of or access to data that resides in provider organisations, directly or indirectly, and is anonymised. Today's modern database technologies can be web-based and configured to report information in near real-time; the benefit is that this knowledge can be shared by commissioners and providers by presenting a unified view of these data.

Increasingly, there is demand to go beyond the current data streams and the current provider information sources to acquire evidence and best practice information, domestically and internationally. Non NHS, private/third sector and non-standard data streams are all supplier opportunities, whether it is sourcing them, mapping them or reporting them.

- Data standards, integration and quality

Both the NHS and its supplier community are beginning to develop new system solutions that will support commissioning excellence. Some important investment is already in place through the Secondary Uses Service as a trusted data source as well as the promotion of Digital Dashboards through demonstrators. The proposed NHS Interoperability Toolkit is likely to improve data integration across solutions, through the adoption of published standards.

The information that will support the current and future generation of commissioners is already being recorded across both health and social care by practitioners and administrative staff as part of their daily professional practice. NHS investments to date have delivered a national high speed broadband network, a national core demographic data set and, above all, the nucleus of an electronic care record across most of primary care and large parts of secondary care. In social care, a similar pattern is emerging. With information being recorded nearer to the point of care, organisations are beginning to raise data quality standards and providers are improving performance indicators.

For solution suppliers, the opportunity is substantial in terms of data standardisation, validation, cleansing and integration. More and more data will be required and it will be increasingly relied upon to inform business critical decisions. The data cannot constrain the service going forwards.

- Business intelligence and data mining

There is little doubt that one of the most valuable assets of the NHS is the large volume of administrative and clinical data to be found in information systems throughout the NHS. This data is capable of providing the source for effective research, planning and decision making in commissioning healthcare provision at local and national level. At the moment, much of this information is in isolated data stores in discrete organisations. While used locally, its use is not optimised. For example, if this data were made available as a web service to commissioners, this historical data could be put to good use to detect patterns and trends and also to enable funding for prospective care instead of the current situation of contracts being funded by retrospective episodes of care. Furthermore, specialist software developers and consultancies are now beginning to harness advanced relational database management tools that underpin their solutions to support more accurate costing of services for providers, which again could be replicated and used to support commissioning.

These are not 'big ticket' new investments; existing NHS focussed investments in both the front office and back office are capable of being used to exploit and support predictive analysis capabilities from day to day processes. For both public health and commissioning,

this knowledge will enable joint modelling and improved forecasting in the future. Again, the opportunity is in the supplier community helping making best use of what the NHS already has in place.

- Risk stratification

Most typically associated with support for medical decision making within operational computer care records systems, population-based risk stratification is going to go beyond the individual to support macro-level care planning, particularly for chronic conditions. Risk stratification solutions will need robust clinical evidence bases to form their rules sets and also rely heavily on getting access to useable clinical data fed from a wide variety of operational systems, including telehealth data. This data will improve the existing evidence base and evolve current preventative disease management campaigns such as diabetes, cancer and other lifestyle programmes associated with smoking and over eating for example, keeping as many people as possible away from hospital-based care.

- System and scenario modelling

In order to plan and commission innovative care models, commissioners will need to model the possible options and determine all the impacts of the approach they wish to take. Predictive analysis techniques that can be enabled through spreadsheets, geospatial aware software and specialist modelling solutions will enable local scenario modelling of new services and pathways by both commissioners and provider being able to jointly understand current as well as future requirements. This is a major challenge for the provision of data, from a variety of sources, to underpin such varied modelling requirements. Quality, efficiency and effectiveness of data is likely to be required.

Resource Capacity – the people services to support the next generation of commissioning

The government's emphasis on commissioning for outcomes rather than for activity or process standards will give a welcoming impetus to best practice of existing commissioning. But the fact remains that commissioners will need a range of specialist support to complete their transition to fully outcomes-led commissioning. At each stage of the commissioning cycle - needs analysis, service specification, deal execution and performance management - commissioning requires many of the skills supplied by Intellect members.

- Analytics – modelling and data interpretation

The opportunity is to provide tools, knowledge and resources to support the analysis of health and social care services, and to supply software and interpretive services to model both needs and the impact of any envisaged configuration of services. In this way, commissioners will be able to develop integrated commissioning strategies on a secure evidence base and at lower risk. Such modelling is especially important in an environment where it is necessary to decommission services in order to release resources for new ones. To date, decommissioning without destabilising supply has been a major risk and therefore a barrier to radical reform.

- Contract negotiation, deal execution and monitoring

Once commissioners have articulated intentions, they will require support with the creation and negotiation of contracts for services. In particular, micro-economic analysis and service-accounting expertise is required to design appropriate contract currencies and meaningful Key Performance Indicators (KPIs). It is important that providers have adequate incentives to deliver the outcomes, especially where outcomes cannot be directly attributed to one provider. Providers will need new kinds of incentives designed to collaborate directly or indirectly with other organisations to create the required seamless care.

Once contracts are in place, tracking and monitoring performance in a transparent and cost-effective manner will require flows of information which are not widely supported by the systems currently available to commissioners.

With an increasingly complex environment and a far larger number of players in what may become a marketplace not only for provision but also for commissioning, there will be increasing regulatory interest to ensure that this market is delivering what it is intended to deliver; improving outcomes with greater efficiency. The new Commissioning Board and

other new regulatory bodies will need support to determine the strategic implications of their new roles and to design approaches to performance assurance and verification of system improvement.

- Information governance – privacy and security

In all of this work, aggregated information is at a premium, and will increasingly have commercial as well as public health significance. This will require specialists in information governance and security to be active in the design of processes and security tools that enable sensitive personal information to be reused for commissioning, without compromising confidentiality and ensuring data quality does not reduce as data is used further from its point of origin.

- Organisational improvement, re-design and management

Commissioning is a relatively new process. The evidence from World Class Commissioning panels shows that PCTs are still in the early stages of the development of strategic capability, and are only now emerging from a largely operational and corporate governance culture. Intellect members have skills to support this continued development towards strategic maturity, in particular those who offer strategic consultancy and process alignment. Programme management is also a highly relevant discipline, since it focuses on the achievement of benefits and outcomes in a context of uncertainty.

- Repeatable processes and sharing of resources

In order to be effective GP-led commissioning will need access to shared resources that can be quickly and economically deployed. This will enable co-operatives and practices to commission services in a transparent and robust manner. There is a considerable opportunity for Intellect members to design efficient, repeatable processes, supported by tools that enable commissioners to complete the commissioning cycle at pace and at an acceptable cost.

Conclusions

Commissioning continues to evolve, with more commissioning organisations involved in the future and a more open and diverse market for care provision, including the patient themselves in some cases.

With an ageing population, increasing prevalence of chronic conditions and citizen demand for seamless care, not just seamless healthcare, we must progress healthcare commissioning into care commissioning or we will continue to see large and avoidable inefficiencies between the care sectors.

With these policy and structural changes will come increased demand for robust contract currencies and other performance metrics of quality and efficiency that support all aspects of care provision, wherever it is delivered.

A continuing drive for more and more disparate information, able to be pulled together and analysed in many different ways, means the capability for data sourcing, integration, compilation and interpretation remain paramount to commissioners. Consequently, information standards, security and quality also remain high priorities going forward.

The commissioning function, like any other part of the publicly funded care system, will remain under considerable cost pressure for some time to come. While commissioning needs external support to progress and evolve, this has to be within affordability constraints. Suppliers of commissioning products and services will need to shape their commercial offers to have the lowest cost impact and the highest return on investment in the short to medium term, or they will not be procured, irrespective of how good they are. Software as a Service (SaaS) and savings-based payment models are good examples of what is increasingly expected of commercial suppliers in this market.