

# Commissioning care for England – information led and technology enabled

Jon Lindberg

The point of the new commissioning system is to improve health outcomes for NHS patients. And it is widely believed that GPs are best placed to know the needs of patients and transform that knowledge into services that improve outcomes. Hence GPs are now going to lead the commissioning of care in England. But the NHS is also facing financial and demographic challenges that need to be accounted for. So commissioners will need to both improve outcomes and make services cheaper and better. By making better use of information and technology GP consortia/Clinical Commissioning Groups and the NHS Commissioning Board will be far better equipped to face these challenges than they are today.

We know the health service in the near term needs to find £20 billion worth of productivity improvement and efficiency savings over the next five years. The NHS also faces changing demographics with the current population of patients with long-term conditions, 15 million,

demanding roughly 70% of the NHS budget. According to Sir John Oldham, NHS Clinical Director for Quality and Productivity (right), this population is set to grow 250% in the next four decades. If we provide care the way we do today our health budget will



Health, "commissioners will need to be active leaders of change, pursuing a compelling vision for

how healthcare should change. The commissioning system will need to take on the quality and productivity challenge right from the outset and get to grips with difficult challenges such as improving the management of long-term conditions and managing demand for urgent and emergency care." I couldn't agree more and this makes the case for making better use of information and technology much more compelling.

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

also to enable funding for prospective care instead of the current situation of contracts being funded by retrospective episodes of care. 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. The use of information and communications technologies in the NHS has created a 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 improve data quality and sharing between relevant providers.

There are several ways that information technologies can help improve the commissioning of care. As the use of information improves new types of decision-making tools, which incorporate analytical and statistical methods emerge such as commissioning dashboards, predictive tools that group populations according to risk, and decision-making tools for clinicians.

For example Population-based risk stratification is going to go beyond the individual to support macro-level care planning, particularly for chronic conditions. But 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. Similarly, predictive analysis techniques can enable local scenario modelling of new services and pathways by both commissioners and providers being able to jointly understand current as well as future requirements.

But all this is a major challenge for the provision of data, from a variety of sources, to underpin such varied modeling requirements. The integration of health-

care through its IT systems will be key for making these tools as effective as possible for commissioners. Once up and running these tools 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.

The challenges facing new and future commissioners are big, but better use of information and technology will help make it possible to improve health outcomes, drive efficiency and raise productivity. GPs seem to understand this and are demanding ever sophisticated tools and greater investments in IT. A survey conducted by Doctors.net and SBR, supported by Intellect, found that GPs want more than 10% of efficiency savings made in the NHS to be reinvested in IT to improve the flow and accuracy of information in the NHS and drive care closer to the patient.

One of the leaders of GP commissioning in the NHS, Dr Paul Zollinger-Read, director of GP commissioning for NHS East of England agrees with the need of better IT for commissioners, but that it needs to be driven by GPs and not from the Centre. "What comes out of commissioning support needs to be grown from the bottom up not dropped from the top down." As GP Consortia Pathfinders/Clinical Commissioning Groups move ahead their number one issue is getting hold of timely, accurate information. We know the NHS has the information we just need to get the information technologies in place to channel it to the right people at the right time.

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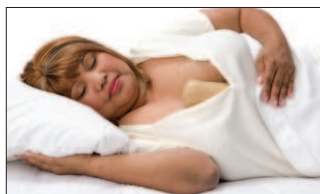
"As a board certified plastic and reconstructive surgeon, I was consulted in the developmental stages of Kush for my opinion in its design and effectiveness. I have been asked to evaluate the finished product – simply, I think Kush is outstanding. Kush can provide useful support and alignment of the breast following breast enhancement surgery, breast reconstruction surgery and can also be beneficial for pregnant and nursing mothers. Disclaimer: All surgical patients should consult their physicians." Peter L. Tucker, M.D.

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**"GPs want more than 10% of efficiency savings made in the NHS to be reinvested in IT"**

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. The operation of the commissioning function depends heavily on good information and timely communication and the NHS spends tens of millions of pounds gathering and analyzing information. But it does not always reach those who need it. 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