Better data for informed commissioning

The Financial Commissioning crisis

Overcoming the IT and system barriers

Dr David Paynton
National Clinical Lead

RCGP
Centre for Commissioning
Health Reform Bill 2012
Underpinning drivers

- Local determination and accountability
- Move from management control to clinical leadership
- Public health responsibility moves to local government
- Use of the market when appropriate?
- Changing role patient and public
- Primary care reform

Leading to

Transformational change from below in times of austerity
Accountability

Pre 1\textsuperscript{st} April 2013

Strategic Health Authority

PCT

Post 1\textsuperscript{st} April 2013

NCB (old SHA)

CCG

Member practices

H&WB
Long Term Conditions (domain two)

- 15.4m people in England have one or more long term conditions (LTCs)
- Utilisation of health services is high amongst the LTC group – they account for 30% of the population, but 70% of NHS spending (c. £70bn)
- The number of people with multiple conditions is projected to increase and this will put pressure on NHS budgets
- LTCs are strongly linked to health and economic inequalities
- While the majority are elderly by no means all
The rise in numbers and complexity
The Impact

No of conditions vs Annual admission rate per 1000 patients

- Potentially preventable admission
- Other emergency admissions
And the money

- **Arctic** scenario: real funding cuts (-2 per cent for first three years, -1 per cent for second three years)
- **Cold** scenario: 0 per cent real growth in six years
- **Tepid** scenario: real increase (+2 per cent for first 3 years, then +3 per cent for the next three years).

Appleby J, Crawford R, Emmerson C. (2009) How cold will it be?  
http://www.kingsfund.org.uk/research/publications/how_cold_will_it_be_html 2009)
In this context Primary Care is the foundation of a commissioning system

- Planned care
- Urgent care
- Long term condition management
- Service redesign
- System transformation
Acting at three levels, primary care becomes

- A provider

- A micro-commissioner (with an indicative budget?)

- A member of a commissioning organisation
But

Our management of long term conditions will make or break the NHS
And a lot is happening

- Risk profiling and stratification of risk in primary care
- Integrated community teams with single point of contact supported by Care Planning
- Transferring knowledge and control back to the patient

Enabled by

- Proactive collaborative care planning for those at risk

Moving away from

- Single disease specific pathways

Using

- The House of Care Metaphor
Test results / agenda setting prompts: beforehand

Organisational processes

IT: clinical record of care planning

Know your population
Contact numbers and safety netting

Consultation skills / attitudes

Integrated, multi-disciplinary team & expertise

Senior buy-in & local champions to support & role model

‘Prepared’ for Consultation

Information/Structured education

Emotional & psychological support

Commissioning the menu (including Non Traditional Providers)

Commissioning care planning

Metrics and monitoring

© Year of Care
Better data for informed commissioning starts from a primary care base

• Understanding your practice population (ACG)
• Understanding the link between clinical decision making and cost (prescribing)
• Understanding in real time what is happening to your patients (clinical dashboard)
• Understanding trends and implications
• Transparent sharing of data with other practices and aggregating up to a locality or CCG level
• Joining up of systems i.e. Care Plans
But what is stopping us

- Market or needs driven IT systems – poor procurement
- Fragmentation of systems and organisations
- Fragmentation of IT data and system support
- Duplication (Care Plans, ACP & End of Life Plans)
- Poor implementation support
- Data concealment “commercially in confidence”
- Technical not clinical leadership
- Confused clinicians (seven log in)
- **Poor coding across the system**

We focus on the IT not the information and invest in the system not application or leadership
Example – local GP cry for help!

**Subject:** recently received a 900+ page printout on a new patient

I am sure we are all struggling with new patient records arriving in increasing volumes and struggling to find relevant details.

Unfortunately some of the computer systems don't seem to give a clear summary of the problems.

Clinicians feel out of control and increasingly cynical and alienated by the new technology (AMRoC 2013)
What would good look like?

• Starts from the primary care tracking all activity, and cost in real time
• Build in decision aids during the patient journey
• Facilitate care – electronic booking
• Single record and avoid duplication (care plans)
• Interoperability across organisations including social care
• Aggregates data to locality/CCG
• Shares relevant data subject to Information Governance
• Consistent coding
• Unified support for application

Examples

• Direct pathology requesting
• Urgent care dashboard (but do we use it)
If data and IT systems are a critical

How do we respond

- Strong strategic clinical information leadership embedded within the CCG, working with clinicians on the shop floor
- Collective agreement between CCG’s and CSU within a defined area. CCG need to “own” CSU, not just contracts
- NHS England coordination
- Bind everyone, if necessary with incentives to a strategic plan and operational delivery
- Professional procurement

Invest in continual systematic training and application