



The British  
Psychological Society  
Promoting excellence in psychology



Division of  
Clinical Psychology

# Introductory Guide to Commissioning

*Sponsored by the DCP Commissioning Task Group  
and the Leadership and Management Faculty*



*August 2012*

These guidelines have been written by **Pam Skinner** and **Claire Maguire**.

N.B. The information on the roles and responsibilities within the systems and structures described is continuing to develop and is a reflection of the information available up to July 2012.

Published by The British Psychological Society,  
St Andrews House, 48 Princess Road East, Leicester LE1 7DR.

© The British Psychological Society 2012

Final version 28 August 2012.

If you have problems reading this document and would like it in a different format, please contact us with your specific requirements.

Tel: 0116 2254 9568; e-mail [mail@bps.org.uk](mailto:mail@bps.org.uk).

## Who is this document for

The aim of this document is to describe commissioning concepts structures and systems and to make this knowledge accessible and useful for clinical psychologists at all levels, including trainees.

**N.B.** The information on the roles and responsibilities within the systems and structures described is continuing to develop and is a reflection of the information available up to July 2012

## Context

With Primary Care Trusts dissolving by March 2013 and Clinical Commissioning Groups evolving, there is a change in structures and systems in England. There is also some new language and organisations to be aware of! All current NHS providers are expected to achieve Foundation Trust status by March 2014 with the development of 'Any Qualified Provider' tendering systems. Public health services will move to be hosted by the local authority who will also host 'Health and Well-being Boards'.

This will be overviewed centrally by the Health Commissioning Board (HCB). Similarly the responsibility for commissioning the education and training of health professionals will be with Health Education England which sits alongside but independent of HCB.

## An 'authorised' Clinical Commissioning Group

'A great CCG will have a clinical focus perspective threaded through everything it does, resulting in having quality at its heart, and a real focus on outcomes. It will have significant engagement from its constituent practices as well as widespread involvement of all other clinical colleagues: clinicians providing health services locally including secondary care, community and mental health, those providing services to people with learning disabilities, public health experts, as well as social care colleagues. It will communicate a clear vision of the improvements it is seeking to make in the health of the locality, including population health'

*NHS Technical Appendix 3 September 2011,  
Guide to Authorisation for CCGs*

## So what is commissioning

The act of granting certain power or authority to carry out a particular task or duty. (The commissioning cycle is useful and is referenced at the end of this document.)

## Why is commissioning an important topic?

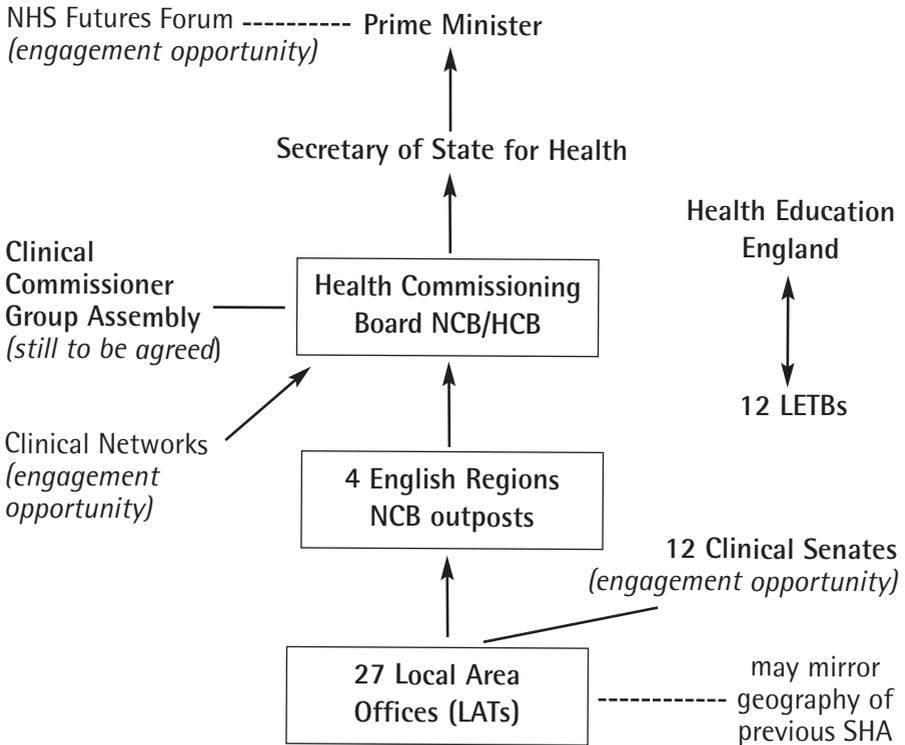
- Advice and influence needs to be at all levels; local, regional and national.
- For CCGs to become authorised they need to show they have a system for gaining professional advice.
- Professional input to commissioning is linked to our duty of care and our obligation to advocate for patient safety and the quality of applied psychology.
- It will determine which services are provided by the NHS and how.
- CCGs are supposed to obtain professional advice as general practitioners and commissioning administrators do not necessarily have the relevant in depth knowledge and sometimes ‘don’t know what they don’t know’.
- The profession can’t contribute advice unless we know when, where and how.

## The language of commissioning

<b>AQP</b>	Any Qualified Provider (when a service is put out to tender by commissioners – used to be Any Willing Provider)
<b>CCG</b>	Clinical Commissioning Group
<b>CIC</b>	Community Interest Company
<b>CQC</b>	Care Quality Commission
<b>CSS</b>	Commissioning Support Service
<b>HEE</b>	Health Education England
<b>HWB</b>	Health and Well-being Board
<b>JCP MH</b>	Joint Commissioning Panel in Mental Health
<b>JSNA</b>	Joint Strategic Needs Assessment (health needs combined with LA assessment for a defined geographical area)
<b>LETBs</b>	Local Education and Training Boards
<b>NHSCB</b>	The National Commissioning Board
<b>NHSTDA</b>	Trust development Authority
<b>NLC</b>	National Leadership Council (supports clinical leadership)
<b>Operating Framework</b>	Annual document that sets out government priorities
<b>PbR</b>	Payment by Results
<b>PHE</b>	Public Health England
<b>QIPP</b>	Quality, Innovation, Productivity and Prevention
<b>RHA</b>	Regional Health Authority
<b>SHA</b>	Strategic Health Authority

# The new and evolving arrangements for commissioning

## 1. National Structures



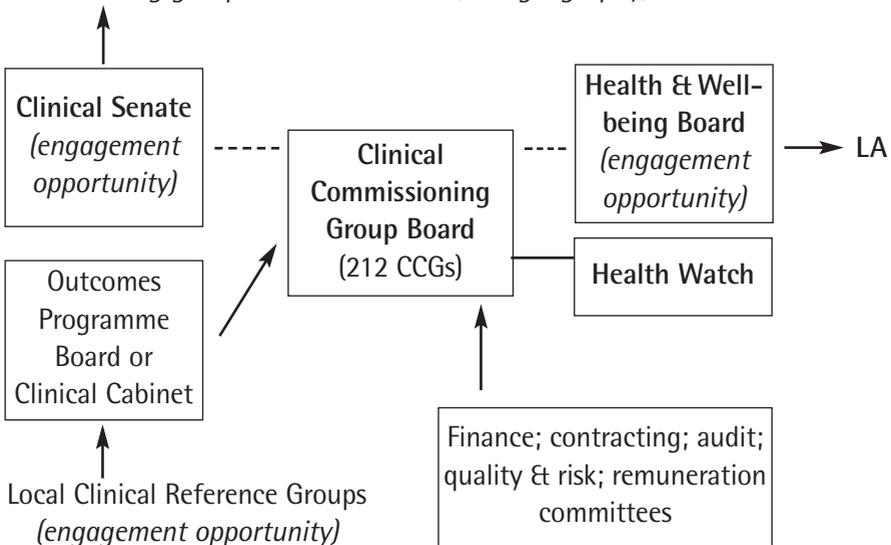
- The function of **NCB/HCB** is to provide national leadership and ensure that the NHS delivers better outcomes for patients within its available resources. It is responsible for reputation management of the NHS. The NHS Commissioning Board intends to drive up the quality of NHS care and its strategic approach includes partnerships with NICE; Monitor: CQC; PHE. Through its leadership it intends to ensure delivery of the NHS Outcomes Framework, and it will provide an accountability framework for clinical commissioning groups'. It will also create a framework for choice and competition and for emergency planning and resilience.

- The function of a **Regional Outpost** (4) is to represent the NCB across the English regions North; Middle; South; and London and to have an overview of public health and emergency planning. They will be responsible for the authorisation of CCGs in their region and specialised services commissioning including prisons and defence medical services.
- The function of the 27 **Local Office of the NCB** (Local Area Teams) is performance management of primary care; pharmacy, opticians and dental services and also an overview of the system with assurance of performance of clinical commissioning groups plus quality and safety and local specialised commissioning.
- The function of **Health Education England** and the **Local Education Training Boards** are workforce planning, and the budgeting, planning and commissioning of education and training.

## 2. Local Structures

### 12 senates for CCG Clusters

*Also covering group local area teams (RHA geography)*



- The creation of the **Clinical Senate** was proposed by the NHS Future Forum. The government accepted the recommendation and agreed they would consist of groups of ‘doctors, nurses and other professionals’. The senates would produce ‘expert advice... which we expect clinical commissioning groups to follow, on how to make patient care fit together seamlessly in each area of the country’. Clinical senates are usually across clusters of CCGs and it is now confirmed there are to be 12.
- The function of the **Health and Well-being Board** is to lead on improving the strategic coordination of commissioning across NHS, social care, and related children’s and public health services. It states that each board must include the following:
  - at least one local authority councillor;
  - the director of adult social services for the local authority;
  - the director of children’s services for the local authority;
  - the director of public health for the local authority;
  - a representative of the local healthwatch organisation for the area of the local authority;
  - a representative of each relevant commissioning consortium; and
  - *such other persons* or representatives of such other persons, as the local authority thinks appropriate.

A representative of the NHS Commissioning Board must also sit on the board when local authorities are drawing up joint strategic needs assessments and related strategies.

- The function of the **Outcomes Programme Board** or **Clinical Cabinet** (*different CCGs have different titles*) is probably to replace PEC as the clinical quality assurance system for CCGs and provide a forum for clinical leadership and engagement locally. Its purpose is to ensure that the commissioning strategy is outcomes driven, that it ‘horizon scans’ and that it monitors clinical policy change and priority sets. It holds clinical reference groups and clinical programmes to account locally linking to QIPP.

## Levels of relationships and influence

- Forming relationships is crucial – attend forums where you can network.
- Be useful, understand commissioners’ needs and objectives and offer to help achieve these(see below).
- Understand patients’ needs and have data/be aware of existing ‘users’ forums who can advocate with you and have a relationship with them; set up systems yourself with support from DCP service user and carer liaison committee.
- Initially conflicts of interest will be a difficult area; find appropriate ways forward with transparency themes; focus on doing the ‘right thing’;contribute broader than just mental health/see the big picture.
- Develop mechanisms of support with learning sets; peer support meetings; nurture allies; understand hidden agendas.

## What a Commissioner expects

- a) ‘Be useful’.
- b) Evidence of a cost benefit analysis for a service change which may include looking at non traditional areas such as reduction in overall costs to the system, reduction in prescribing, deflection of admission, etc.
- c) Willingness to work in new partnerships to deliver services, i.e. with third sector or independent sector, not expecting to do it all.
- d) Showing integration of physical and mental health care.
- e) Knowledge about PbR.
- f) Knowledge about AQP.
- g) An understanding of QIPP, the Outcomes Framework and Local Strategic Plans as they apply to your services.
- h) Joined up clinical advice across clinical senates/reference groups/networks, e.g. guidance from JCP MH.

# TOP TIPS

---

## Things you may need

- 1 The ability to write a business plan.
- 2 Good clinical outcome data including re-referral data, good financial value-for-money data.
3. Knowledge of Care Pathways, NICE guidance and DCP guidelines.
- 4 Be aware of alternative provider structures and tendering processes, e.g. limited liability partnership/social enterprises/CIC.
- 5 Help with the Districts and Trusts priorities, so know what they are.
- 6 Know the Government's priorities, set out in the Annual Operating Framework.
- 7 Know or even contribute to the Joint Strategic Needs Assessment for the area and its Health and Well-being Strategy.
- 8 Get to know someone in public health.
- 9 Find out who is on all the above local committees.
- 10 Support the DCP to link in nationally and regionally.
- 11 Know about funding for Leadership Fellowships from the Department of Health (DH) to release your time.
- 12 Know about other funding streams, e.g. DH Social Enterprise Investment Funds.
- 13 Have a portfolio of services.

## How people have managed to get involved and achieve influence

- Relationships, relationships, relationships.
- Be an advocate for and with your clients.
- Be knowledgeable and helpful – get a reputation for this.
- Know your data on quality.
- Maybe do your own annual summary of your service so you are up to date.
- Let GPs know in whatever way is appropriate that you have improved the lives of their patients.
- Get a seat on a committee with influence.
- Have the language so you can communicate business and quality issues.
- Be up to date with advice from networks and our professional body.

## Useful references

- 1 Ten Priorities for Commissioners  
[www.kingsfund.org.uk/commissioning](http://www.kingsfund.org.uk/commissioning)
2. The Commissioning Cycle  
[www.ic.nhs.uk/commissioning](http://www.ic.nhs.uk/commissioning)
3. The Operating Framework for the NHS 2012/13  
[www.dh.gov.uk](http://www.dh.gov.uk)
4. Resources for CCGs  
[www.commissioningboard.nhs.uk](http://www.commissioningboard.nhs.uk)
5. New Education and Training Structures  
[www.hee.nhs.uk/category/publications/](http://www.hee.nhs.uk/category/publications/)

**The British Psychological Society**

St Andrews House, 48 Princess Road East, Leicester LE1 7DR, UK

Tel: 0116 254 9568 Fax: 0116 227 1314 E-mail: [mail@bps.org.uk](mailto:mail@bps.org.uk) Website: [www.bps.org.uk](http://www.bps.org.uk)