Ten Minute Guide to Practice Based Commissioning

This is the third in a series of Ten Minute Guides produced by the National Association for Patient Participation. It describes the processes and early achievements of Practice Based Commissioning in England.

1. Introduction

Primary Care Trusts (PCTs) are responsible for purchasing the vast majority of services in England on behalf of their populations. In 2005, practice based commissioning (PBC) was introduced in an attempt to secure greater clinical engagement in decisions. Practice based commissioners are given indicative budgets only and their proposals have to secure the approval of the PCT Board.

2. What should PBC achieve?

Apart from the greater clinical engagement described above, the Department of Health sees PBC as the key to more efficient use of resources, as a counterbalance to avoid too much reliance on secondary care, as a mechanism to bring in new providers of care and as a driver for the provision of more care closer to home.

3. What, then, is World Class Commissioning?

The Government sees the World Class Commissioning programme, of which PBC is one part, as an essential aspect of improving the way that health and social care is provided in England. It should reduce health inequalities, increase life expectancy, add life to years and provide evidence-based care with excellent value for money. World Class Commissioners, and by implication practice based commissioners, will develop the following competences:

- locally lead the NHS
- work with community partners
- engage with public and patients
- collaborate with clinicians
- manage knowledge and assess needs
- prioritise investment
- stimulate the market
- promote improvement and innovation
- secure procurement skills
- manage the local health system
- make sound financial investments

4. What is changing as a result of PBC?

Practices have tended to work in clusters to undertake their commissioning responsibilities. These vary in size with the largest clusters including every practice within a PCT. The clusters have addressed different priorities. Some common areas of work have been:

- Reviewing referrals to secondary care
- Reviewing prescribing patterns
- Shifting services such as INR monitoring or dermatology away from hospitals
- Redesigning pathways of care such as diabetes or musculo-skeletal injury
- Improving community services to reduce lengths of hospital stays
- Improving community services to avoid unnecessary admissions to hospital

5. How are patients and the public able to influence PBC?

Community engagement is a vital component of PBC and one which is currently under-developed. Techniques are required that suit each stage of the commissioning cycle, namely:

- Identifying priorities
- Redesigning areas of care
- Evaluating any changes
- Reinvesting any savings that have been made

Successful engagement will require effective communication, intelligent use of social marketing techniques, routine feedback from patients as they use services and a cohort of interested lay people willing to contribute to the process.

6. How can N.A.P.P. help?

N.A.P.P. has developed considerable expertise in patient engagement in practice based commissioning. We believe that PBC needs a “bigger tent” model with a wide range of skills around the table, including pharmacy, public health, care management, nursing and other health professionals. We further believe that there is much to be gained from effective structures of community engagement and community development and we can offer training and consultancy support in these areas. For more information, email audrey.hoggard@napp.org.uk

Graham Box MA DPhil (Oxon)
Chief Executive,
National Association for Patient Participation