

## HOW TO...

# Get consortia talking to practices

It is vital to get the balance right between support and contract management, says *Helen Northall*

Commissioners of services regularly need to engage with providers. The relationship between PCTs and GP practices is a key commissioner/provider relationship, where it is important to get the balance right between support and contract management.

As GP-led consortia develop, they will also need to build relationships with practices to support and manage peer review.

GPs occasionally complain that PCTs have failed to engage with primary care effectively. Consortia should be able to avoid the same pitfalls in building relationships with their clinical colleagues.



The commissioner/provider relationship should lead practices to share, network, innovate and promote learning

### Top tips for engagement

**1** Be professional about the commissioner/provider relationship. Procurement policies need to be followed for services over and beyond the primary medical contract. The NHS Commissioning Board will hold these core contracts.

Today national contracts are held by PCTs, which are required to be supportive commissioners and robust contract managers. This is a difficult relationship at times.

What can the consortia learn from PCTs – good and bad? Peer management is a delicate business that depends on co-operation but will also require commissioners to challenge from time to time.

Peer management has the potential advantage that adversarial relationships may be avoidable.

**2** Be fair. Commissioners often use scorecards or benchmarks to measure the relative performance of providers.

In monitoring referrals and prescribing, for example, ensure that all practices are being managed in the same way but be prepared to allow for justifiable variation.

Always share information with the practice before meetings and let it have papers and agendas in good time so that it can prepare for the meeting in advance.

**3** Understand the priorities of the practice and how it wants to engage. Do you know the direction the practice wants to take, how it wants to develop, what contribution it wants to make to commissioning and how it wants to develop as a provider? Is this consistent with the commissioning organisation's proposals – PCT today, consortium tomorrow?

Encourage providers to share their development plans to see where they fit with your own – knowing which practices want to expand the services they offer may be invaluable if you are seeking to shift activity from secondary to primary care.

Think about timing of meetings. When does the practice want to meet? Lunchtimes and evenings may be easier.

**4** Listen. GP-led commissioning development needs to be from practice level upwards. How do practices see this working? Do they have concerns about engaging in a consortium and how can these concerns be addressed?

They may have worries about capacity or about working with others. They may be anxious about the size of the consortium and relationships with other member practices, or about the risk of losing focus on the day job and their own patients.

Many of these concerns can be addressed directly by governance arrangements and commissioning strategies worked out in co-operation with providers. Link with and support the practice manager as well as partners.

**5** Use information constructively. Where data shows there is an issue with a practice, let the practice see the data and give it a chance to investigate and respond. Don't spring surprises on it.

The practice will know its patients best and there may be some individual patient issues that could have been addressed had they been aware of the data earlier.

Use data to inform the development of better care pathways, not to find fault with individual practices.

**6** Learn from the providers. Needs-assessment data is often available on GP practice systems. The practice will have an accurate picture of local patient needs that may not be obvious when commissioning across a wider area.

Work with the practice to identify appropriate care to manage particular cohorts of patients. Commissioning strategies built around good practice-level data will be more sensitive to local needs and more effective overall.

**7** Be inclusive. Work with GP practices but also engage other stakeholders, for example, pharmacies or opticians. What can they do to support both the practice and commissioning? They may also have vital needs-assessment information.

**8** Investigate problems fairly. You must address problems but don't forget to identify the underlying cause. Where possible, support the practice to improve before applying sanctions.

**9** Support practices to share, network, innovate and promote learning. Sharing protocols and other information may accelerate service changes for others. This can be done by setting up either real or virtual networks so that practice managers, GPs and other practice staff are linking strongly, both locally and also across areas.

NHS Networks provides a useful resource to allow sharing both at a local level by developing local networks and also provides a way to link into some national networks to share information and learning.

Do once, share, allow others to improve and build on your work and use their feedback to improve patient care.

● *Helen Northall is chief executive, Primary Care Commissioning CIC*  
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**Commissioning strategies built around good practice-level data will be more sensitive to local needs**  
*Helen Northall (pictured right)*



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