

Wise up, get smart

GP commissioning may be a few years off, but practice managers should be making tentative steps now to ensure they are prepared for the challenge. ALLIE ANDERSON reports

What is GP commissioning going to mean for me? That is the question on everyone's lips, be they doctors, PCT staff or practice managers. But until the government issues its response to the consultation, such questions will remain unanswered and subject to a great deal of speculation.

One thing seems to be clear though: for those affected at practice level, in order to glean how commissioning will work in the future they must first get to grips with how things are done now.

Contracting arrangements with secondary care and community service providers are a major function in the commissioning process for PCTs. This will remain the case for whoever takes on that role, albeit on a smaller scale, and individual practices will feed into the negotiation and management of those contracts. Practices are best placed to know the patient demographic and therefore, understand the health needs of the local population and the services that are required. "PMs will have to be significantly involved, even if their GPs don't want to be," suggests Bruce Potter, of law firm Morgan Cole. "They will be contributing to the data flows and collection of information and will be the aggregators at practice level."

Helen Northall, director of NHS Primary Care Commissioning (PCC) points out that this data analysis presents an exciting yet daunting challenge. "The success of the enterprise at national scale will be measured by the ability to move care into the most appropriate settings and to take unnecessary cost out of the system," she says. "That aim can only be achieved if it is underpinned by good information and sound analysis.

"PMs are already responsible for IT and practice data, but the analysis needed to make commissioning decisions that might affect a local population represents

a big step up. How these skills will be acquired will depend on a number of factors, but there will be external support available and in some cases consortia will hire former PCT staff with the requisite skills."

According to Oliver Pool, commercial healthcare lawyer and associate at Veale Wasbrough Vizards, much of the burden could be removed from the PM's shoulders by using software that allows anonymised data to be removed from practice lists. "Once [practices] join their consortia, their aim will surely be to keep responsibility at consortium level and avoid it being devolved to the individual practices themselves," he comments. "Indeed, some consortia may be content for practices not to actively participate in the commissioning process so long as they toe the line on their activity generally."

There have been murmurs of opportunities for talented PMs to take central roles within consortia themselves. But this will not just mean a step up – it will also mean a step away from their practice to avoid conflicts of interest. "It would be difficult for them to have a foot in both camps," suggests Pool. "No doubt there will be plenty of new jobs working for the consortium if the PM wants to do that, in competition with all the newly-redundant PCT managers of course, but that would involve a career change."

Northall believes an era of choice awaits, enabling PMs greater steer of their career paths. "In the new environment there will be new opportunities and challenges for managers who want to take them. But just as not all GPs will play an active role in commissioning, PMs will also have a choice about how far they move into commissioning roles.

"As consortia develop, existing managers are likely to gravitate to the roles that suit their abilities and career aspirations. PMs are famously generalists, but

the larger organisations that form will allow greater specialisation. PMs will be able to shake off the ‘Jack of all trades’ image that has sometimes dogged them and take new opportunities for professional development.”

Clinical contracts are at present designed to deliver very clear feedback for continuous service improvement but historically, the extent to which PCTs could enforce that improvement has been limited. As collators of information about what has worked locally and where patient care isn’t being delivered, PMs might position themselves to performance monitor service providers. Potter, who was also a legal advisor to the DH on commissioning, adds: “If the patient coming through the door isn’t happy, he tells the GP who bends the PM’s ear about it. Now, they could put their hands on the levers to make those things change or bring them directly to the provider’s attention when they’re not working. That’s the immediacy of the government’s vision; that patients have a voice, that clinicians have a voice and that it’s a clinically led, outcome based service.”

However commissioning is structured, its success will rely on close collaboration between practices as well as within and across consortia. A lasting PCT legacy is that they tried to carry out all functions by themselves, rather than exploiting skills and expertise that already existed. “PMs can already be working to identify potential partners and stakeholders,” says Northall. “Which neighbouring practices do you already know you can work with? Where do you have strong relationships?”

“Start talking, start planning but don’t set your organisation in stone yet. Until the results of the consultation, any firm decisions about organisational form would be premature.” She recommends working with PCTs to establish what will likely become consortia’s responsibility such as safeguarding, health needs assessment and performance monitoring.

There is a plethora of information out there for PMs eager to get started, but accessing the right information and making sense of it all may seem overwhelming. Support is available, for example the Quality and Productivity Calculator (QPC), a tool developed by PCC that enables PCTs and practices to work together to identify opportunities for improvement in the local health system. The DH has also developed the Primary Care Commissioning Support application, which complements the QPC and allows commissioners to drill down to practice level.

The message PMs can take away is that these are this year’s priorities, not next year’s, so early engagement is essential. Equally important is taking the time to get it right. ■



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