



“Come together -- right now”

How can GP commissioners and local authorities develop effective health and wellbeing boards? Practical tips for success

By Helen Clanchy - Associate, Primary Care Commissioning

“My experience of local elected members is that they think first about where their votes will come from and then what their constituents want” -- GP

“The fundamental problem with the NHS is the democratic deficit and GPs as commissioners are hardly going to correct that” -- Elected member

Start now: although the new act will take time to reach its final form, the policy aims are indisputable and building new relationships with GP commissioners will take time.

Look for the win/wins: for example, work together on plans for timely hospital discharge (or better still avoid unplanned admission), develop real options for services whereby individuals and carers can have support and information to plan for their future. GPs have a practical view of what good looks like.

Keep the committee-speak to a minimum: where possible use practical, real-life approaches. For example, how the board can drive improvements in services for people with dementia. GPs use practical diagnostic skills every day. This is likely to be their preferred learning style when approaching new developments.

Use current joint appointments such as directors of public health and joint commissioning managers to broker relationships across the divide. The relationship between GP and public health may already have a sound base. GPs have already voiced the opinion that it is not possible to be a commissioner working in isolation from public health.

Explore options for sharing very local community information. GP s will need to develop commissioning at a population level but really do know their patients.

Make no assumptions about each other’s worlds -- for example how decisions get made in local government; roles of cabinet and scrutiny members; how national NHS contracts such as GMS work, and so on. Watch your language and avoid jargon and acronyms: identical words often have different meanings.

Understand each other's perspectives: Check how far GP commissioners have already developed their commissioning skills through practice-based commissioning. The policy varied widely and so will the quality of the experience gained from it in different parts of the country. How does the local authority interpret commissioning: how are directly provided services treated, what frameworks are currently in place to manage conflicts of interest?

Be ready to show what has worked before: Since the mid-1990s local authorities have been commissioning community care. The commissioning cycle, familiar to most practice-based commissioners was arguably first developed in local authorities (with a little help from the Audit Commission). Will the board need something stronger than coffee to debate the approach for shaping the local market and balancing the requirements for best value with the "any willing provider" policy?

The local authority has sound experience of prioritising, engaging with public and service users over what can be achieved with available resources. Some GP consortia are exploring their local council's citizens' panels to take their patient groups and committees to a new level.

Follow the old rule of function before form

To make a real difference the new board must quickly become greater than the sum of its parts.

For information on the July Primary Care Commissioning local authority event please visit: <http://www.pcc.nhs.uk/events/>