



Open Research Online

Citation

Norman, Kay and Old, Clare (2007). PCT commissioning: how community nurse involvement can be encouraged. *British Journal of Community Nursing*, 12(11) pp. 518–520.

URL

<https://oro.open.ac.uk/41008/>

License

None Specified

Policy

This document has been downloaded from Open Research Online, The Open University's repository of research publications. This version is being made available in accordance with Open Research Online policies available from [Open Research Online \(ORO\) Policies](#)

Versions

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding

PCT Commissioning: How community nurse involvement can be encouraged

Kay Norman, Claire Old

Kay Norman is Principal Lecturer faculty of Health, Staffordshire University. Claire Old is Director of Commissioning and Service Improvement, Telford and Wrekin Primary Care Trust

Email: kay.norman@staffs.ac.uk

Commissioning services is a key element within NHS reforms which is still in its infancy, with the initial changes to Primary Care Trusts (PCT) proposed in 2005. This included merging of PCTs to create larger, more powerful commissioning PCT organizations (Department of Health (DH), 2005).

Since this reorganization, PCTs have received a wealth of guidance from the Department of Health, much of it aimed at improving the commissioning of secondary care services (DH 2006a, DH 2006b, DH 2006c). However more recently, guidance has been issued for better commissioning of health improvement and wider preventative services in the local community, or in partnership with local government (DH, 2007).

Practice based commissioning

As with any organizational system, the visioning and shaping of the service is fundamental to its success, and therefore it is imperative that community nurses have an appreciation of the concept of commissioning, and actively engage in the process in order to improve services for their patients.

This government aim of providing services that are designed, planned and developed around the needs of patients is outlined in the white paper 'Our Health, Our care, Our Say: A New Direction for Community Services (DH, 2006). Following this, the commissioning framework for health and well-being (DH, 2007) identifies eight steps to more effective commissioning:

1. Putting the people at the centre of commissioning

This involves giving people greater choice and control over services and treatments (including self-care), and access to good information and advice to support these choices. Mechanisms will be developed to help the public get involved in shaping these services, with advocacy to support groups who find it hard to express views.

2. Understanding the needs of populations and individuals

Joint strategic needs assessment by councils, PCTs and practice based commissioners will help them better understand the needs of individuals, by using recognized assessment and care planning processes appropriately, and

mitigating risks to the health and well being of individuals.

3. Sharing and using information more effectively

In order to make effective decisions for individuals and groups, we need to use and share information in an effective way. This includes clarifying what information can be shared under what circumstances, joining up the IT systems of front line practitioners and encouraging individuals and communities to be co-producers of information.

4. Assuring high quality providers for all services

Commissioners should develop effective, strong partnerships with providers and engage them in needs assessment. Procurement should be transparent and fair. Commissioning will be focused on outcomes, leading to more innovative provision, tailored to the needs of individuals and supplied by a wider range of providers.

5. Recognizing the interdependence between work, health and well being

Commissioners can facilitate collaborative approaches with businesses to improve advice and support for individuals. Additionally, all providers of NHS care will be incentivized to support and promote the health and well being of their employees.

ABSTRACT

Commissioning is the process by which PCTs identify the health needs of their population and make prioritized decisions to secure care to meet those needs within available resources. It includes longer term strategic planning, medium term planning (three year Local delivery Plans) and the shorter term agreement and performance management of service level agreements. The process should involve the public, engage clinicians, and be conducted on a whole system basis, informed by health equity audits, and carried through with the full participation of other stakeholders including NHS Trusts, local authority(s) and the voluntary sector (NHS Modernization Agency 2004).

KEY WORDS

Practice based commissioning ♦ Health Policy ♦ Nurse involvement

istockphoto



Community nurses should be involved in the commissioning process

6. Developing incentives for commissioning for health and well being

Bringing together local partners using local area agreements will help to promote health, well being and independence, by using contracts, pooling budgets and using flexibilities of direct payments and practice based commissioning.

7. Making it happen: local accountability

The department of Health and the Department for Communities and local Government will develop a single health and social care vision and outcomes framework, including a set of outcomes metrics aligned with the framework.

8. Making it happen: capability and leadership

The Department of Health and other national stakeholders will provide support to all local commissioners to address their capability gaps, where these national organizations can add real value. This support will be tailored to different types of commissioners: PCTs, practice based commissioners and local authorities (DH, 2007).

If community nurses are to play an effective role in the planning of services and influencing commissioning, it is essential that current knowledge of the commissioning process is communicated regularly, and pro-active approaches are adopted to ensure a voice within the decision making processes. NHS Chief Executive David Nicholson, at a recent conference, was critical of staff development in the NHS, and advocated the move to develop experienced clinicians towards senior positions and 'talent-spot' to nurture individuals with the relevant expertise to become leaders who can have a voice within

the organization (Vaughan, 2007).

However, involvement within commissioning can be in a variety of ways, and doesn't necessarily mean attending a leadership course in order to articulate your views. Being knowledgeable in the subject area is key to justify your views and inform decision making. It will take time for PCT commissioning departments to deliver on current expectations, and involvement from clinicians who have the knowledge of local populations, can be invaluable in the process of health needs assessment of their communities (Nutbrown, 2006). Nurses need the knowledge and skills to negotiate at different levels across professional groups and with the public, and effective inter-professional collaboration and support from managers is needed to ensure a valued contribution to the commissioning process (Kaufman, 2002).

An example of good practice

Within Telford and Wrekin PCT, the commissioning team has realised the valuable input of community nursing and allied health professionals (AHPs) in the commissioning process, adopting an ethos of involving and informing community staff of current initiatives, and encouraging them to develop their skills to take part in these projects.

A community staff forum which is lead by the PCT Professional Executive Committee nurses, meets bi-monthly for 2 hours, time which is protected from their workload and includes lunch/refreshments. These meetings are open to all community staff (Nurses, HVs, AHPs,) where there is an opportunity to network , discuss issues within their professional roles, gain information on current PCT initiatives, be involved in workshops to suggest solutions to barriers within their work, communicate and share best practice and offer ideas for redesigning services. This

is fundamentally a 'bottom-up' approach which has been advocated by many NHS initiatives and authors regarding improving organizational working (NHS Modernization Agency, 2005; Argyris, 1993).

The Director of Commissioning and Service Improvement and other members of the PCT management team attend these meetings to listen, disseminate information, answer any questions and coordinate the discussion and implementation of service redesign ideas. They are involved in workshops to give relevant expertise in order to take projects forward, and establish effective working relationships with community staff, so they are not just seen as a name behind a desk at PCT headquarters.

The most recent meeting involved discussing patient stories, where staff within their workshops presented their cases for further commissioning of services as appropriate, with the director of commissioning and service improvement facilitating the discussions. As trusting relationships continue to be developed, community staff feel 'safe' to articulate their views in a non-threatening environment, knowing that their views will be listened to and taken forward.

An example of a recent case discussion involved patients who were delayed in being discharged from hospital, with the workshop groups discussing how they could change their response from an answer phone receipt of referrals, to a mobile phone being answered by the team leader. Not only would this ensure that resources could be deployed according to priority, but it would also encourage dialogue and collaboration between secondary and primary care.

Commissioning

Commissioning continues to develop, members of the forum will be asked to participate in further projects to redesign services, to encourage and ensure clinical engagement. Communication with staff is paramount, and there will be future opportunities for staff to develop further skills and knowledge in this area. Already, the process has resulted in a project whereby the community matrons and district nurses within Telford and Wrekin PCT maintain a rota of presence in the Medical Assessment Unit of the Acute Trust each day, to assist in the dissemination and education around what community systems and staff can do, and exploring the alternatives they could offer. This is measured by patient satisfaction levels and also by measuring the reduction in excess bed days. Initially, the nurses taking part were anxious about revisiting working back in the acute environment, but they quickly realised that skills sharing led to a better understanding of the relevant patient pathways, which ultimately improves patient care.

Further links

To disseminate information further, links have been made with the Faculty of Health at Staffordshire University where the Director of Commissioning and Service Improvement at T&W PCT who is an ex-director of nursing and Quality has delivered lectures within nursing programmes relating to nurse leadership and commissioning to facilitate further discussions and debate in these areas, and encourage an

awareness of current health policy and commissioning issues. This has inspired students to contact their relevant PCTs for information on current initiatives and how they can be involved in the planning of services.

As with any new developments and change within the NHS, issues within the nursing and AHP professions will need addressing, such as support and encouragement for individuals to develop their knowledge and skills in taking on new and wider roles, with innovative practice celebrated rather than being stifled (Martin et al, 2006). Entrepreneurial practice should be encouraged, and ideas listened to. Nursing has always been fundamentally about caring for the patient, and being involved in the commissioning of services takes this element of patient care one step further, utilizing nurses knowledge about the community, in order to inform which services are needed to provide quality care. Now is the ideal opportunity to build partnerships and have a voice in the process of commissioning.

What you can do

Identify and make contact with your local commissioning group/s. Gain support from PCT/PEC leads to set up local community nurse forums to discuss areas for service improvement and innovation. Invite your local PCT commissioning director/lead to meetings/forums to encourage sharing of ideas and current local issues, and involve service users/members of the local community.

Involve training departments and local Universities to formulate workshops around the commissioning process to encourage staff awareness and engagement. Compile a report on a regular basis that can be presented to commissioning groups to highlight your group ideas and suggestions for service improvement.

Identify appropriate spokespersons to take these forward, identifying development opportunities in negotiating/presenting/influencing skills with your training departments/local universities. Be positive! Accept you can't change the world but persevere with your goal.

BJCN

- Argyris C (1999) *On Organizational Learning* 2nd Ed. Blackwell Publishing, Malden
- Department of Health (2004) *Practice based commissioning: Engaging practices in commissioning*. DH, London
- Department of Health (2005) *Commissioning a patient-led NHS*. DH, London
- Department of Health (2006a) *Our health, our care, our say: A new direction for community services* DH, London
- Department of Health (2006b) *The Intelligent Commissioning Board: Understanding the information needs of SHA and PCT boards*. DH, London
- Department of Health (2007) *Commissioning Framework for health and well-being*. DH, London
- Kaufman G (2002) Investigating the nursing contribution to commissioning in primary healthcare. *J Nurs Manag* 10(2): 83-94
- Martin et al (2007) Developing service provision for patients in primary care. *Nurs Stand* 21(23): 43-8
- NHS Modernisation Agency (2004) *The commissioning friend for PCTs: Whole system commissioning of acute services*. Available at www.natpact.nhs.uk last accessed 01.09.07]
- NHS Modernisation Agency (2005) *Improvement Leaders Guides*. Department of Health, London
- Nutbrown S (2006) New world of primary care. *Practice Nurse* 32(8):70
- Vaughan V (2007) *Trusts to be held to local promises* (editorial) *HSJ* (6): 8