

# worldclasscommissioning adding life to years and years to life

# The Impact of WCC on PCT Commissioning

John Parkes Chief Executive, NHS Northamptonshire

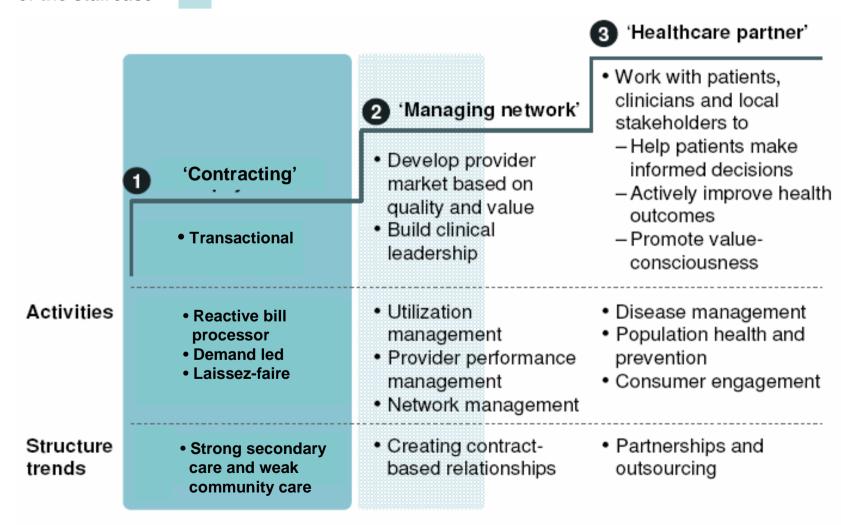




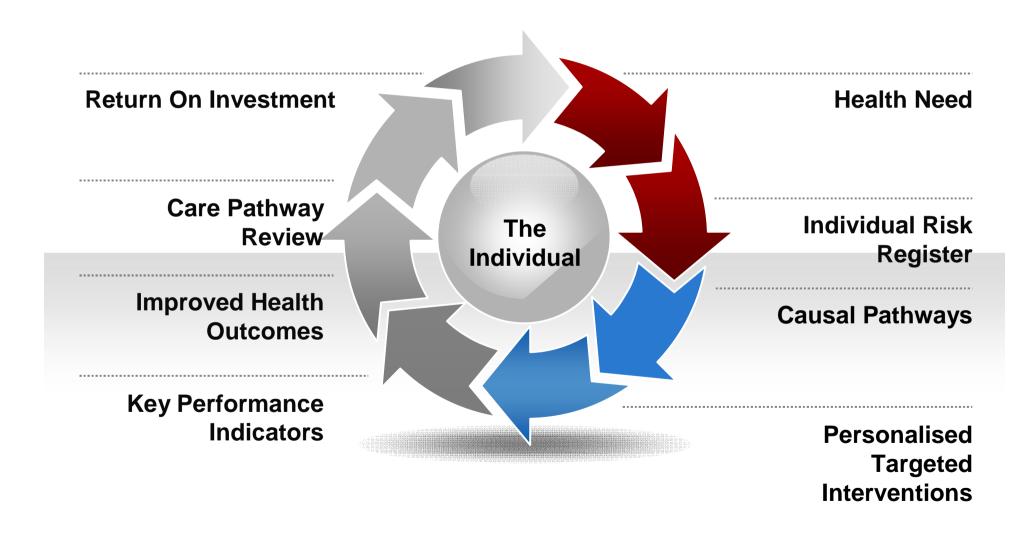


# The Journey to World Class Commissioning: Transaction Agents to Healthcare Partners

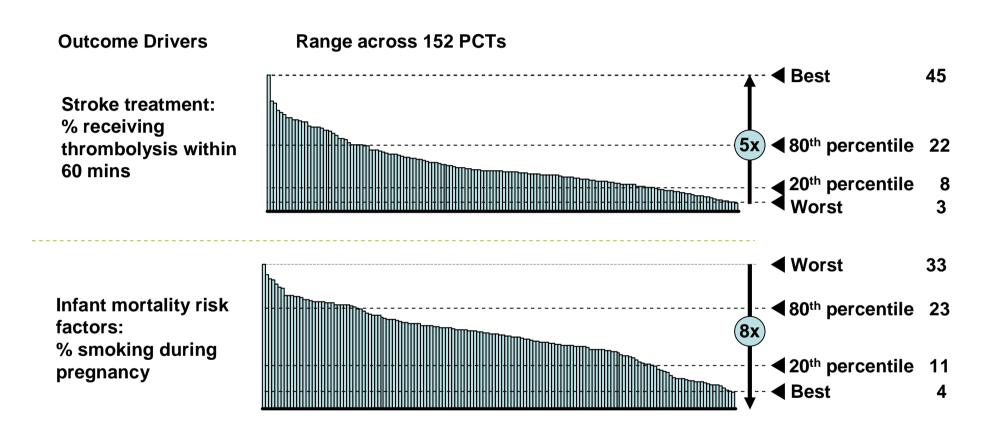
Prior to WCC PCTs have traditionally focused on the lower part of the staircase



# My definition of World Class Commissioning



# Looking across evidence-based drivers of outcomes, there is a huge variation across PCTs



## **Strategic Themes - Addressing Inequalities**

#### The Vision

# £67m To tackle inequalities and

Investing

deliver

Reduce overall mortality

- Enhance lifestyles and wellbeing and tackling obesity
- Improve patient satisfaction

#### The Strategic Themes The Priorities

Improve outcomes for the top 3 killers

Impacting the key risk factors, focusing on the top 2 longer term killers

Commissioning better quality services in 3 key areas

Focusing on the top 2 enablers of improvement delivery

Heart disease £4.2m Cancer £10.2m Stroke £1.2m

Smoking Obesity

£3.8m

Chronic disease £5m Children's £27.5m Mental health £15.5m

Models of care
Public / Patient
engagement

## **Scale and Scope**

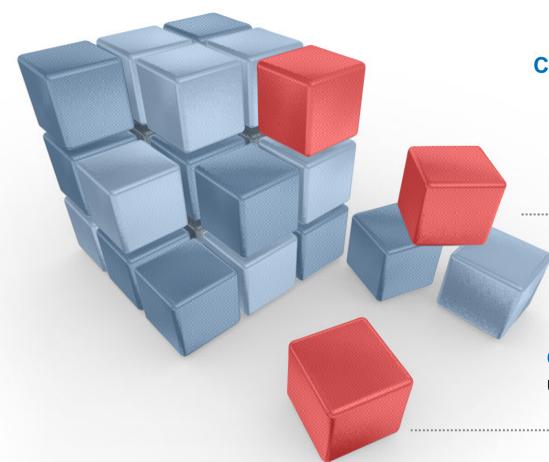
Aim: the aim is to sustain local focus whilst gaining economies of scale

FESC: Buy/Build/Share

Consultancy Support: Procured to undertake particular or specialist pieces of work

Collaboration: PCTs working together

Organisational Development: We use all of the above as part of our OD programme



# Focus - Assessing impact and feasibility leads to prioritisation and sequencing

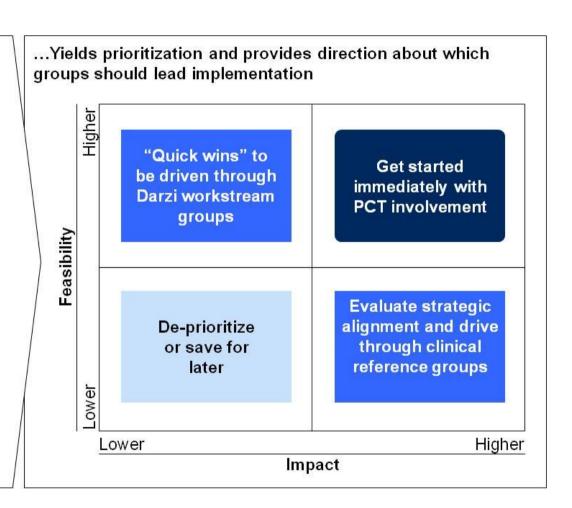
# Impact and feasibility assessment...

#### Impact

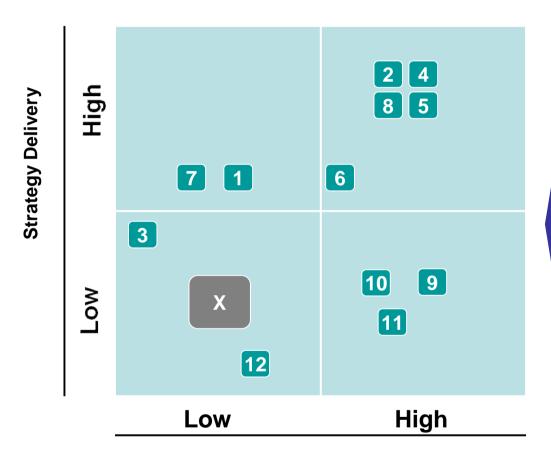
- Size of problem addressed (prevalence, severity)
- Alignment with PCT vision and strategic priorities
- Alignment with national priorities (e.g. Maternity Matters, Valuing People)

#### Feasibility

- Proven effectiveness of intervention
- Efficient use of resources (personnel and finances)
- Straightforward implementation with limited collaborative complexity



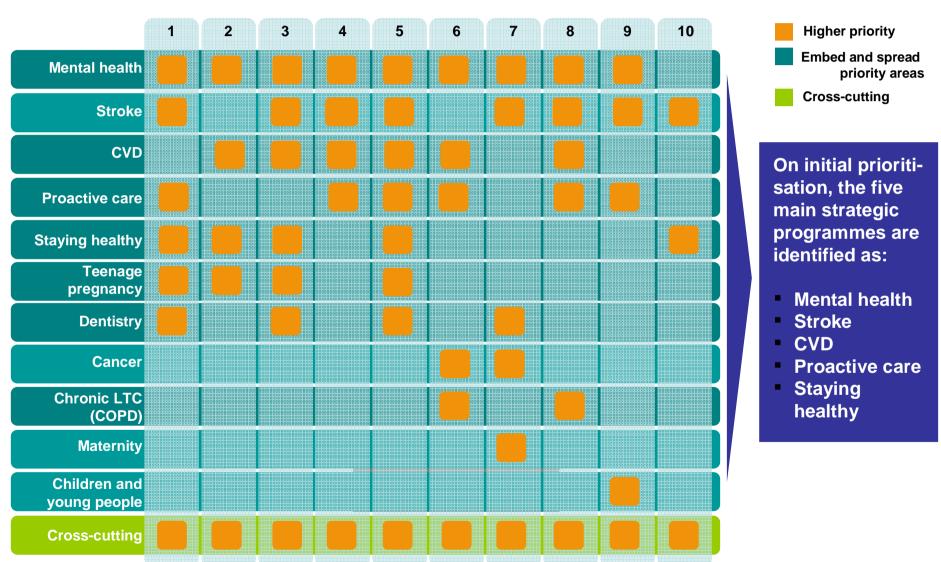
## **Top Team Activity Value Analysis**



- Clear strategy and vision
- Creating Leadership and Management strength
- Freeing time to deliver what matters
- Programme management
- QIPP

**Operational Targets** 

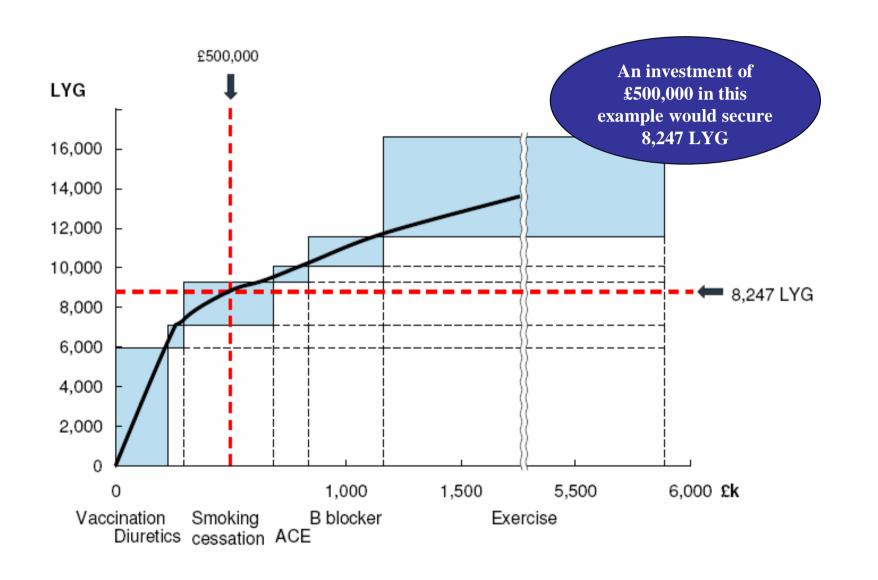
# Initial prioritisation of where focus will be placed on strategic programmes to demonstrate competency development



## We have looked for four types of opportunities

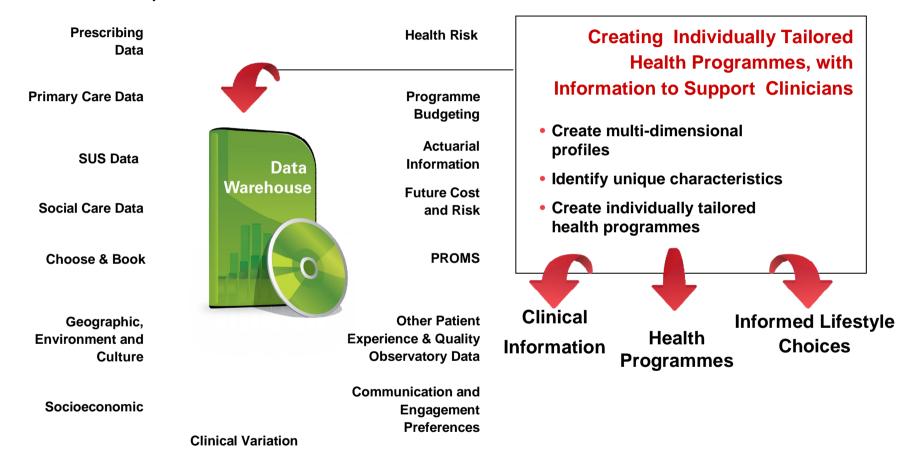
### **Opportunity Description** Stop spending on interventions or services that are not on the recommended pathway **Disinvest** Shift spending from interventions with low cost-effectiveness to those with high cost-effectiveness 2 Reallocate Ensure high provider performance in areas where spending **Ensure per**has already been committed but performance is poor 3 formance Spend more on preventive interventions than can save costs Invest to further down stream on the pathway save

## Identify areas for investment or disinvestment - CHD



# **Creating Individually Tailored Approaches**

#### Unique, Diverse Data Sources



Source: UHUK

#### WCC has resulted in a New Mission

- Together with partners we will show the NHS that we can improve quality and outcomes at reduced cost
- As a commissioner, we will be seen to reduce inequalities
- Use social marketing to incentivise individuals to make the right choices for themselves
- Use data in a way that it has never been used before in the UK

