

Five Giant Evils - Beveridge 1942

■ Squalor:

Beveridge said that the main reason the country was in financial trouble was because those who were poorer could not afford to seek medical attention, and thus could not work, which furthermore created less income, and led to lack of labourers available.

■ Ignorance

■ Want

■ Idleness

■ Disease

Purchaser provider split

Started in 1991, various approaches have been tried

Designed to bring the benefits of the market (improved quality with reduced costs) to the NHS

But....

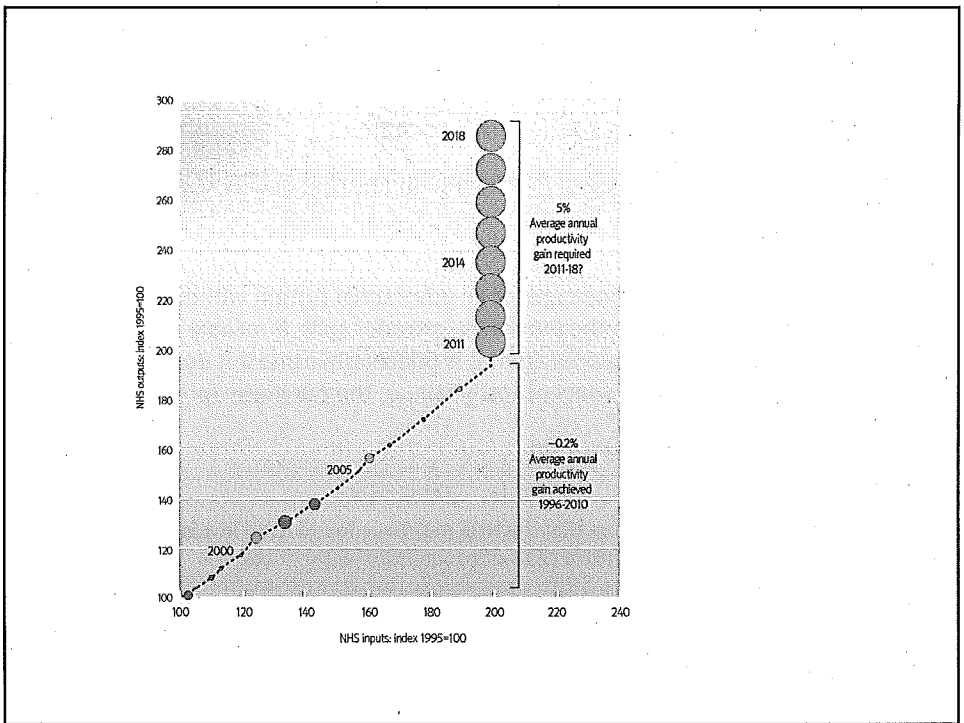
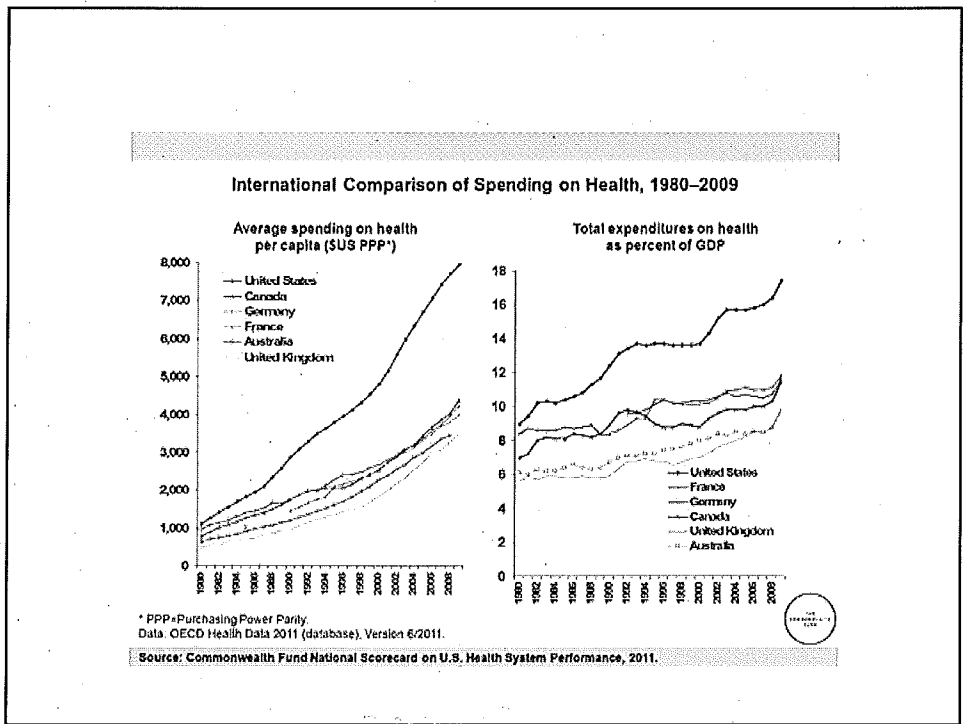
".....we have had the disadvantages of an adversarial system without as yet seeing many benefits from the purchaser/provider split. If reliable figures for the costs of commissioning prove that it is uneconomic and if it does not begin to improve soon, after 20 years of costly failure, the purchaser/provider split may need to be abolished."

Report of Health Committee of House of Commons 2009

And...

".....available research indicates that the NHS may have found itself in a lose-lose situation—taking on the extra costs of competition without yet experiencing the benefits."

http://www.civitas.org.uk/nhs/download/Civitas_LiteratureReview_NHS_market_Feb10.pdf



Clinical Commissioning Groups

- There are 212 Clinical commissioning groups (CCGs) across England
- The CCG's purpose is to bring a clinical focus to commissioning
- They are responsible for:
 - All acute hospital services, mental health, community services (75% of NHS spending)

They are not responsible for:

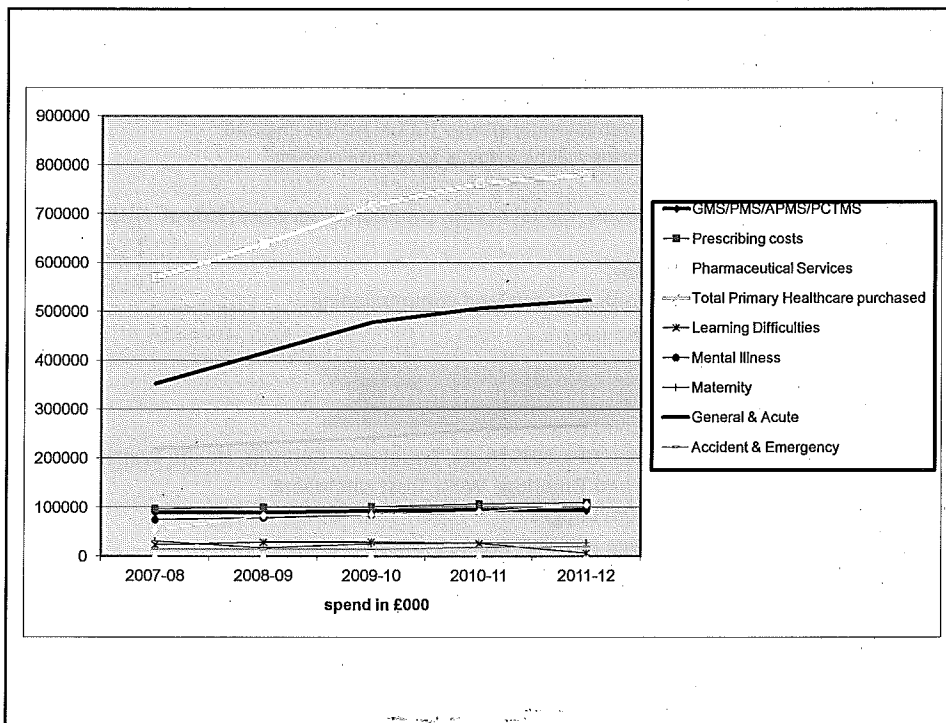
GP services, Health Visiting, Specialised commissioning
Prison health services

West Kent CCG - 10th largest in England

- Relationships with Patients, GPs, NHS trusts, Social care, Councils, Health Watch
- Same area as Maidstone and Tunbridge Wells Trust catchment
- 463,000 population, £550m budget
- 71 contracts to set, manage and improve
- 2011-12, £8m savings ; 2012-13 £16m required (presently achieving 62% of that)

The West Kent CCG Board

- 12 GPs, elected by groups of practices
- Nurse Board member, Specialist clinician, Lay member with finance and audit expertise, Lay member responsible for Patient and Public engagement
- Accountable Officer, Chief Finance Officer
- Supported by committees and a staff of about 50 as well as outside agencies
- A crucial role for Patients, the Public and Councils in helping decide how to meet our challenges



Commissioning priorities

Driven by the West Kent Joint strategic needs assessment (JSNA)

Shaped by local provider landscape (GP practices, Hospitals, Mental Health, Community and Social services), engagement with the Public, Councils, Clinicians and NHS commissioning board

Matching the area's needs to provision

Ensuring good value for money, reducing waste

A new approach is now being used in West Kent, to make the process more rigorous and open

