

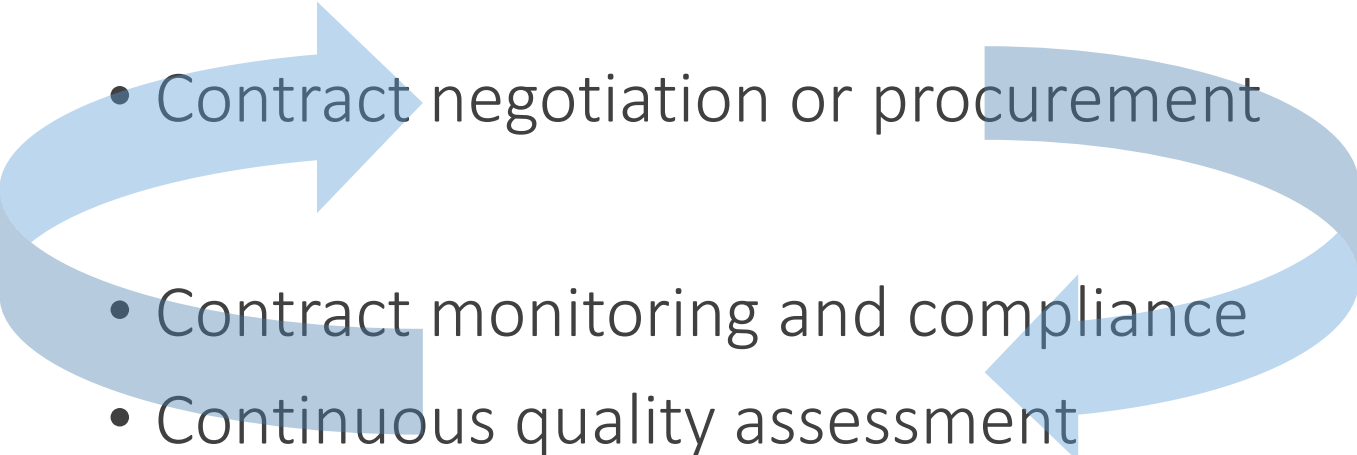
STPs and planning

A perspective from specialised commissioning

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Stages of commissioning

- Population health-needs assessment
 - Clinical pathway design
 - Service specification
 - Contract negotiation or procurement
 - Contract monitoring and compliance
 - Continuous quality assessment
- 

Specialised Commissioning - National

£15 Billion annual budget

241 service specifications

Four regional teams

Six Programmes of Care

- Internal Medicine
- Cancer
- Mental Health
- Trauma
- Women & Children's
- Blood and Infection

42 CRGs

NHS South Specialised Commissioning

£2.8 Billion

Population - 14 Million

36 Acute providers

11 Mental Health providers

26 Independent Sector (community/rehabilitation/specialist)

47 CCGs

13 STPs

NHS South South East

c.£1 Billion

Population - 4.4 Million

14 Acute provider sites

19 CCGs

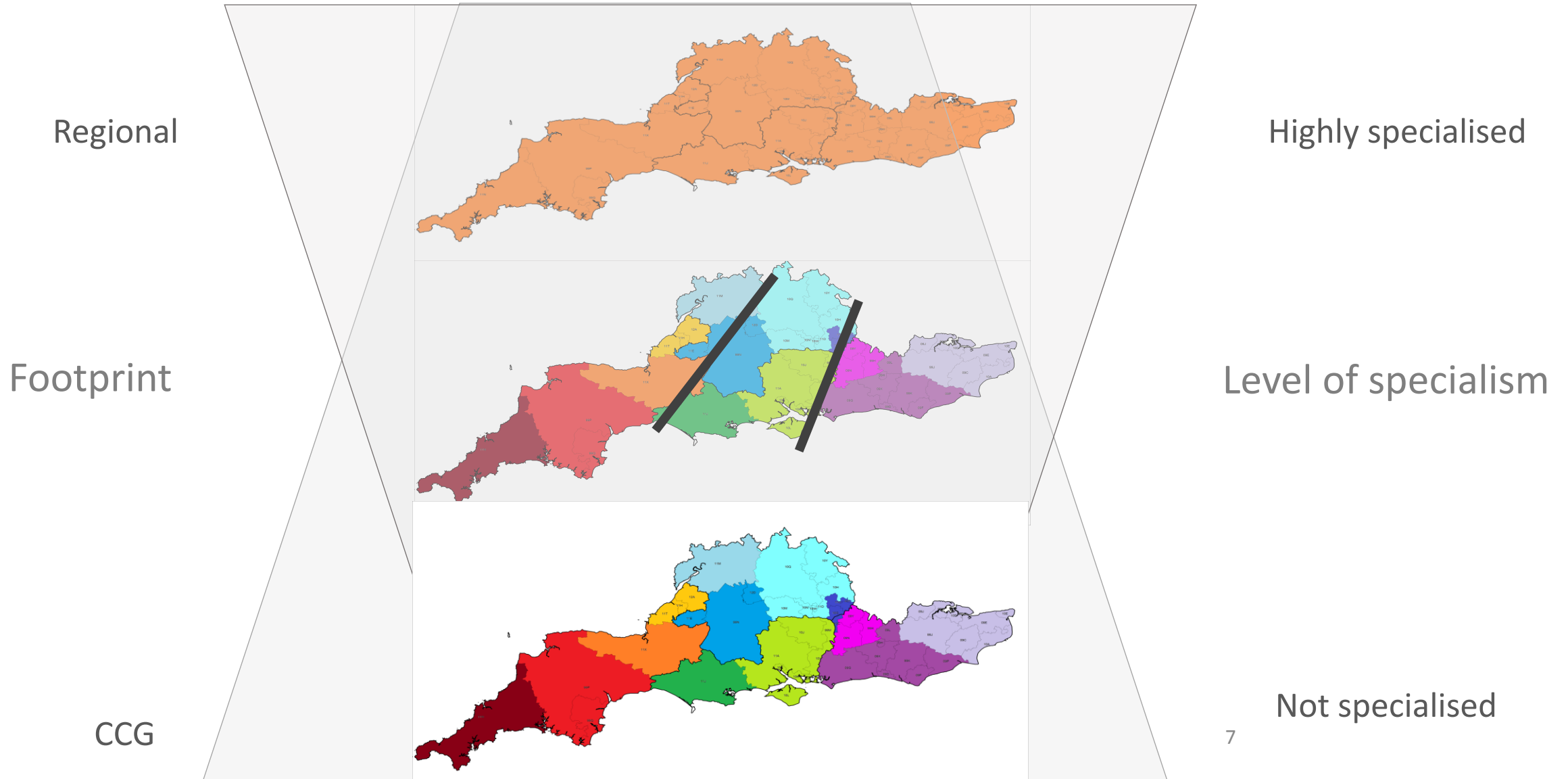
3 STPs

50% of specialised spend in London providers

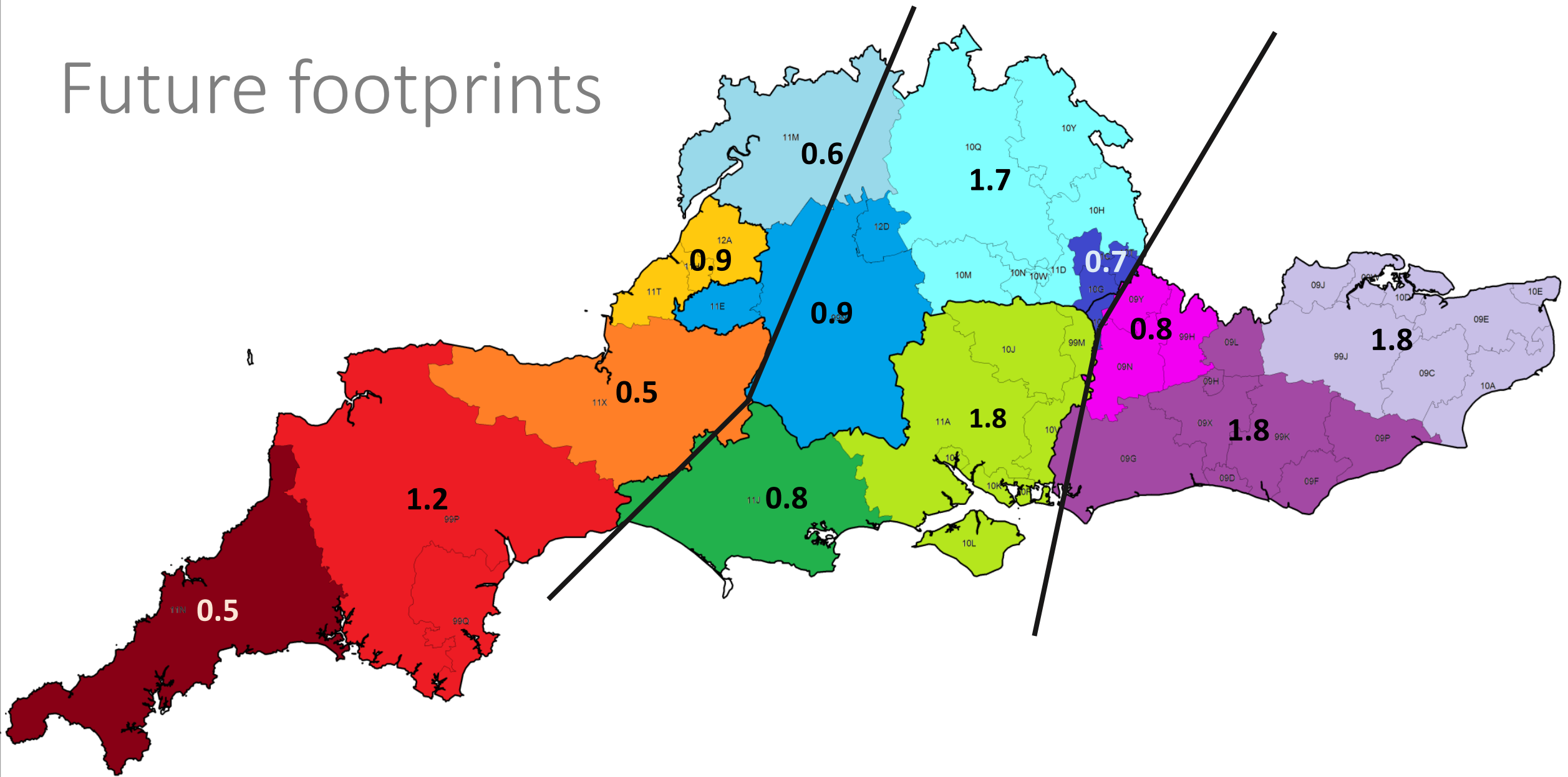
Planning challenge

“...no single geography across which all services can be commissioned; some services can be planned for populations of a few thousand, while others need to be considered on a national footprint.”

Extent of collaboration inversely proportion to footprint size



Future footprints



Specialised Commissioning - Direction of Travel

- Fewer, larger providers of specialised elements of care
- Hub and spoke networks
- New commissioning models
- Increased emphasis on performance and quality monitoring

New commissioning models - examples

Prime contractor

Provider has responsibility for designing a delivery model and patient pathway that will most effectively meet the terms of the contract.

Prime provider

Variation on the prime contractor model in which the contracted organisation delivers care in multiple locations directly as part of the agreement.

Vision statements

To ensure equity and excellence of the provision of specialised care through patient- centred, outcome based commissioning processes.

Specialised care should be high quality, evidence based, seamless with other services, equitable and affordable.

Collaboration with STPs

- Creating time to meet
- Refocus Collaborative Commissioning Oversight Groups
- Co-creation of innovative solutions
- New Models of Care
- National Service Reviews
- Cancer Alliances (Sept 2016)
- Better use of data and mapping
- User and HASC involvement