





GENERAL PRACTICE

FIT FOR THE FUTURE

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Overview

- A personal view of the current reforms and possible outcomes from the pause
- The generic lessons for general practice



Current Commissioning Arrangements

Department of Health



Strategic Health Authorities



Primary Care Trusts



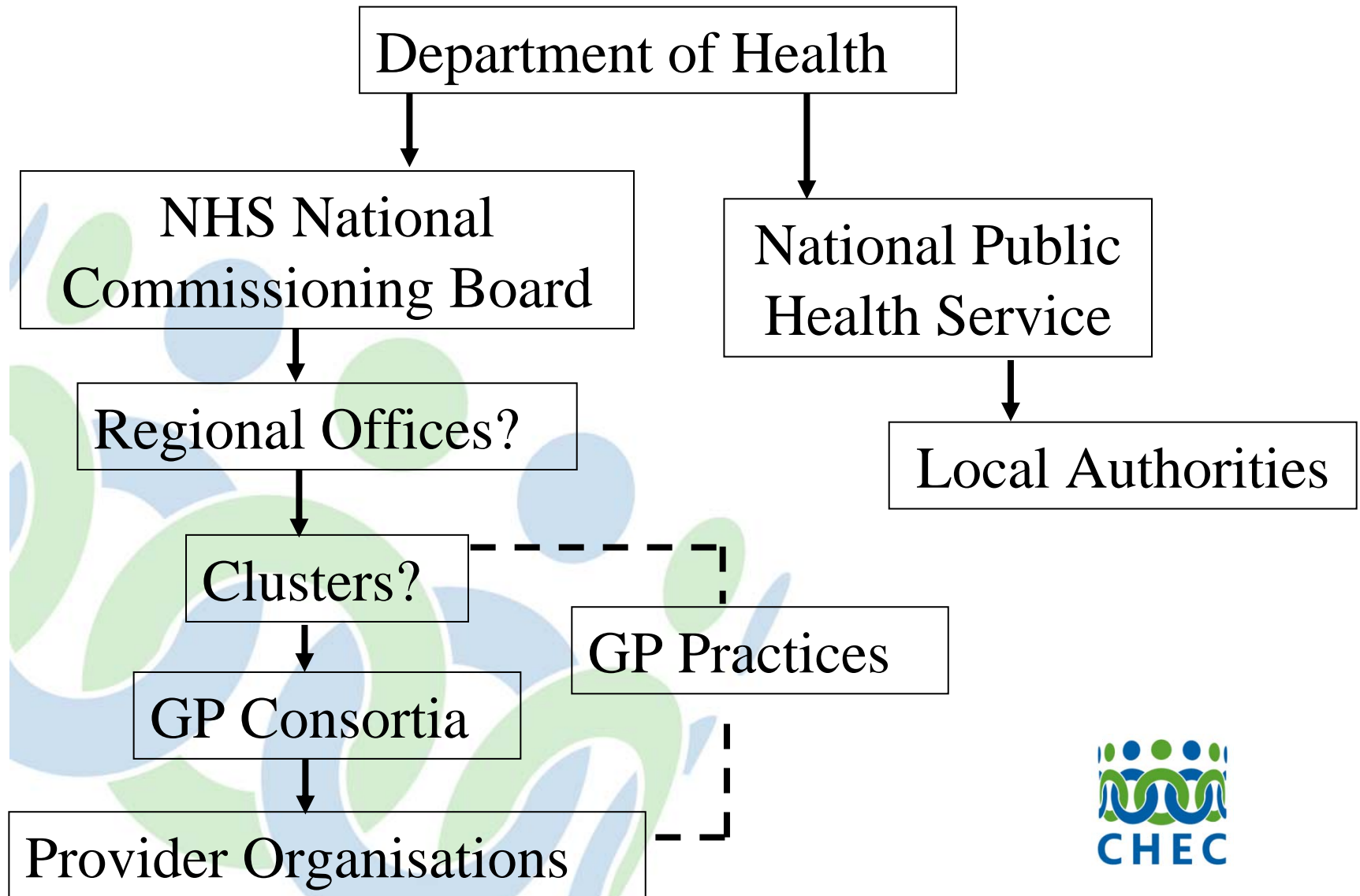
Provider Organisations



GP Practices



New Commissioning Structures



A Commissioning Cycle



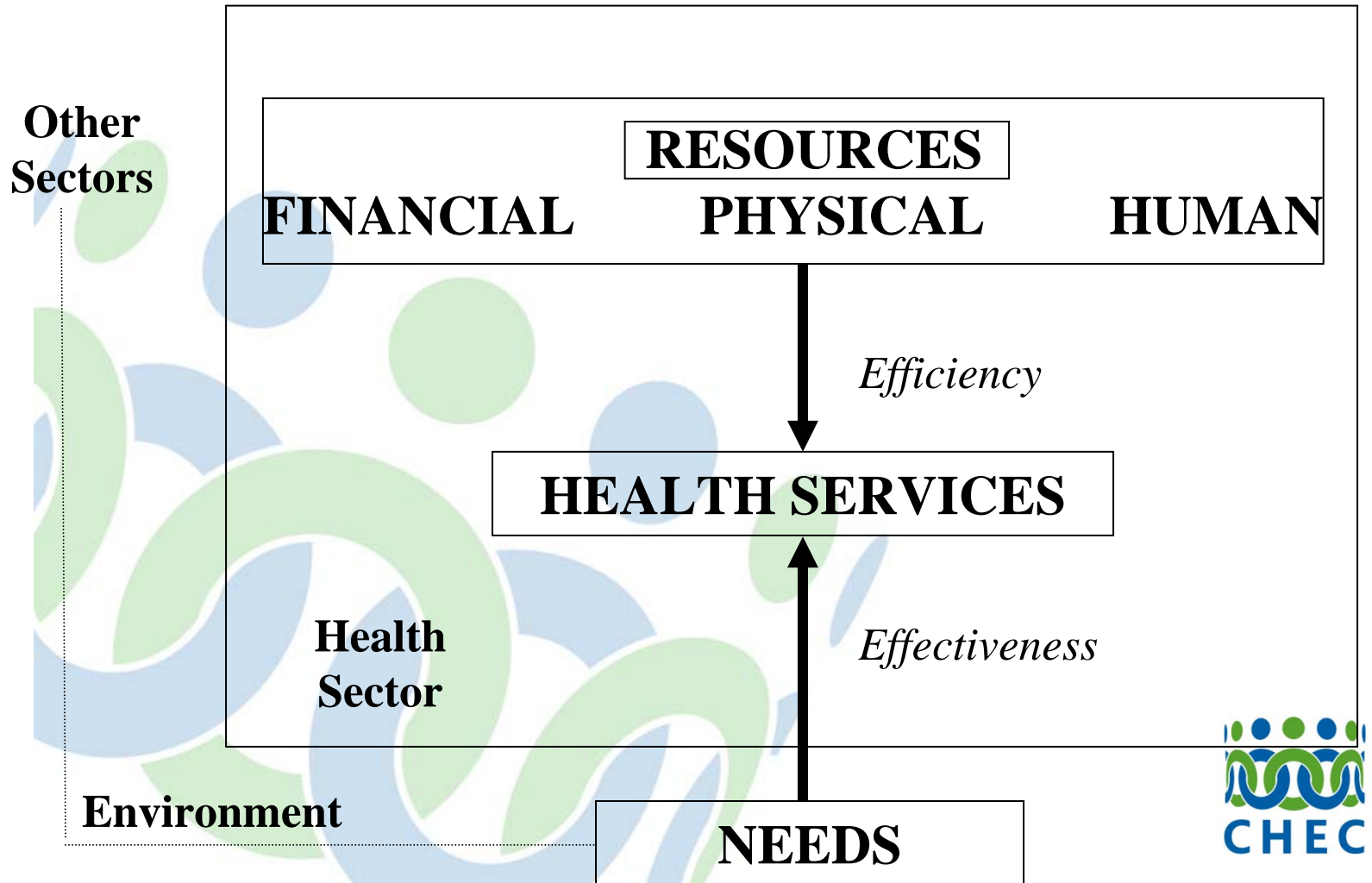
Another Commissioning Cycle

worldclasscommissioning

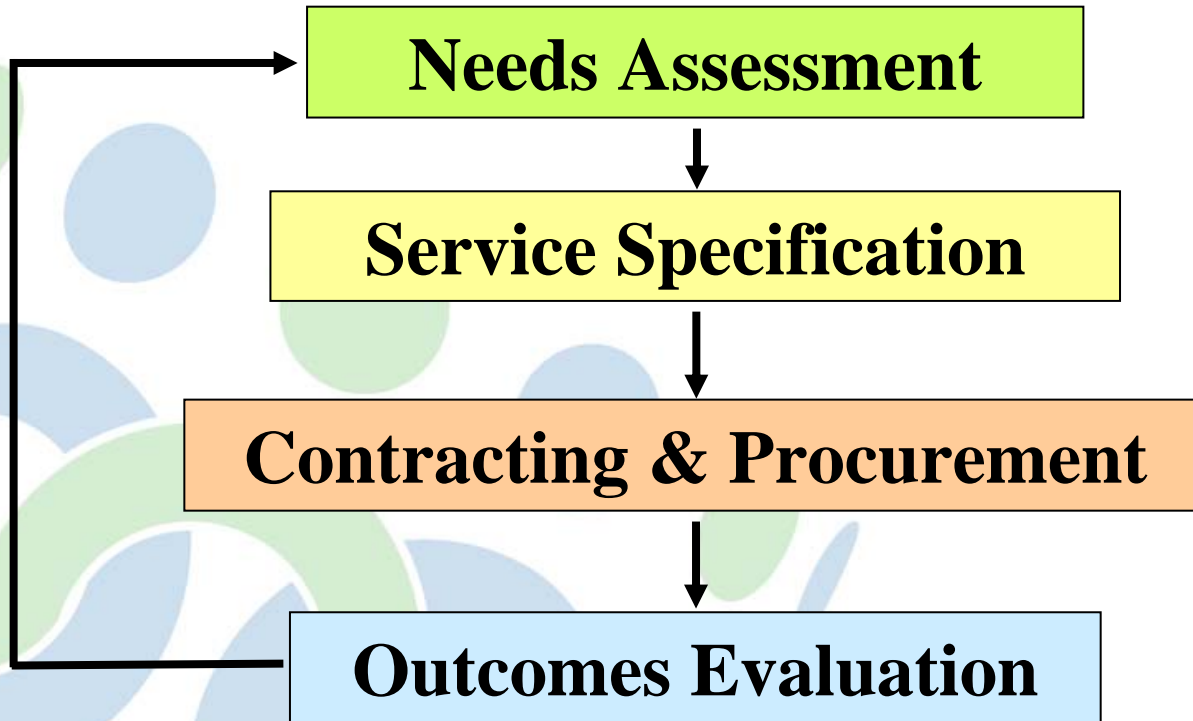


Or, if you prefer...

Yet another Commissioning Model



What should happen



Whichever diagram you prefer, commissioning is the art (science?) of answering a number of questions:

“What is the health of the population?”

“What services does the population need?”

“What services are being bought currently?”

“What are the costs?”

“What are the outcomes?”

“What else is available?”





If Commissioning were so straightforward, why were the PCTs so poor at it?



Commissioning involves a broader range of activity

- Needs assessment
- Engagement with co-commissioners
- Assessing impacts and outcomes
- Contract management
- Contract assurance
- Commissioning accountability
- Service or pathway redesign
- Commissioning new providers
- System management
- Designing new services
- Decommissioning services



The concealed googly

P5: All NHS trusts will become or be part of a foundation trust.

P36: The Government's intention is to free foundation trusts from constraints they are under, in line with their original conception, so they can innovate to improve care for patients Foundation trusts will not be privatised.



Preparing General Practice for this world:

- We need to collect and hold the information about our patient – individually and collectively
- We need to set ourselves achievable targets
- We must collaborate, but lead
- We must put the patient's quality of care, experience and safety first; money second
- ...but we need to recognise the need for reducing waste and improving efficiency
- We will be blamed for everything – let's get used to the idea early on



A few challenging questions:

- Why are the sickest people treated by the least trained and most inexperienced doctors?
- Why is a diabetologist, rheumatologist or a dermatologist based in a hospital?
- Why are GPs not able to order MRI scans?
- Why are they closing community hospitals instead of opening them?
- How come general practice is so good when other sectors let us down, time and again?



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