

Why are planning and commissioning necessary?

The UHB has a responsibility to get the maximum value and clinical benefit out of a fixed, publicly-funded budget. In order to do this it is essential that local services are based on need and planned accordingly.

Once implemented, services should be regularly reviewed to ensure they are running as planned and continue to meet the needs of the population.

In a large organisation such as the UHB it is important that planning of clinical pathways doesn't take place in isolation; links between Divisions and with primary care and partner organisations should be explored and made explicit.

Whose responsibility is it?

Put simply, anyone who is involved in changing, improving or introducing new clinical services or pathways. Planning and commissioning should usually be led by Divisional directors, nurses and managers, and include clinicians in secondary and primary care.

The process needn't be onerous and help is available throughout. This guide will show you the main steps.

The commissioning cycle

Similar to an audit cycle, the commissioning cycle ensures pathways and services meet the needs of the population, are carefully planned and implemented, and regularly reviewed once up and running.



1 Strategic planning

Tick when completed

The main actions in this stage of the cycle are:

(i) Local and provider needs assessment

Identify the health needs of residents, relevant to the proposed care pathway, in:

- the local resident population (Cardiff & Vale);
- the wider secondary/tertiary referral population (where applicable)

This can be done by using existing data on health need (e.g. Cardiff & Vale Headline Needs Assessments, Director of Public Health Annual Report); by looking at relevant audit, activity or prevalence data; or by carrying out a formal health needs assessment. Where possible, service users and/or carers should also be consulted.

- ① Help and advice: Finance; Information Department; Public Health

(ii) Agree provision of services

Reach agreement on what service is required to meet the identified need, and who will provide the service for local residents and those further afield – UHB, other LHBs, local GPs? Does this fit with broader local, regional and national strategies? Is this pathway covered by WHSSC?

- ① Help and advice: Commissioning management team
nb. Approval may be required by Strategy Group for significant changes

(iii) Decide priorities within resource available

Where pathway changes or service developments involve new technologies or treatments, or significant investment or disinvestment, the All-Wales Prioritisation Framework **must** be followed prior to any implementation.

- ① Help and advice: All-Wales Prioritisation Framework on C&V Intranet; Public Health

2 Local planning and delivery

The main actions in this stage are:

(i) Agree service model and specifications

A pathway specification should be completed. This describes eligibility for the pathway, the service model, estimated costs and activity, and outcomes and evaluation plans. Other Divisions, professional groups, partner and third sector organisations relevant to the pathway (e.g. Diagnostics and Therapeutics, GP Community Directors, Local Authorities) should also agree the specification. The specification should cover the complete pathway, for example including primary and secondary care.

The pathway specification ensures the planned pathway and its intended outcomes are clear to everyone involved. The completed specification should be sent to the Commissioning management team. New pathways may be discussed at the Commissioning management group.

- ① Help and advice: Pathway specification template on C&V intranet; Commissioning management team

(ii) Capacity planning

Based on the service model and agreed provider(s) of services, capacity plans should be drawn up within the Divisions to ensure there are sufficient suitably trained staff to provide the proposed pathway. Where relevant, access to beds and required capital investment or disinvestment should be planned at this stage too.

- ① Help and advice: Strategy and planning; Commissioning management team

(iii) Local delivery plans

Detailed implementation plans should be drawn up, including an agreed pathway start date, and relevant training and dissemination of information to professionals and patients about the new pathway.

3 Performance management

Once the pathway is running, it is important that it is monitored to ensure it is meeting its intended aims, and a safe and high quality service is being provided.

(i) Monitoring and managing performance

The success of the pathway may initially be assessed through 'process' measures (e.g. number of patients seen, waiting times etc.). These should have been identified in the pathway specification and should be regularly reviewed to ensure the service is efficient and safe.

In addition, it is important that the actual activity and costs of the pathway are monitored, and compared with those estimated in the specification. If a pathway has significantly higher or lower activity or costs than originally planned, this could affect the viability of the service model. Significant over- or under-activity or costs should be notified to the Commissioning management team. Any doubts over the safety of a pathway should be immediately raised with the Divisional Director.

i Help and advice: Finance; Information Department; Commissioning management team

(ii) Assessing outcomes

Clinical outcomes for the pathway should be regularly reviewed and compared with the intended outcomes, as set out in the pathway specification. This should occur as part of routine clinical audit, with results being notified to the Commissioning management team. Any difficulty meeting the intended outcomes should be discussed with the Divisional Director and a recovery plan put in place. If clinical outcomes are not met after a recovery period, or if there is any doubt over the safety of the clinical pathway at any stage, an immediate review of the pathway should be undertaken.

i Help and advice: Commissioning management team

Further help and information

Advice on commissioning and planning is available on the C&V intranet pages

www.cardiffandvale.wales.nhs.uk

Choose Services and Specialties > Directorates and Departments > Planning and Commissioning

Documents include:

- A blank pathway specification template
- The overarching commissioning framework
- A library of UHB pathway specifications as these are developed
- This leaflet

Links are also given to:

- All-Wales Prioritisation Framework
- C&V Interventions Not Normally Undertaken (INNU) policy
- NHS Wales Individual Patient Funding Requests (IPFR) policy
- Welsh Health Specialised Services Committee (WHSSC)

Contact details are available for:

- Members of the 'virtual' Commissioning Management Team in Finance, Information, Strategy and Planning, and Public Health who can help at relevant stages of the pathway

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Planning and commissioning services

A brief 'how to' guide for clinicians, directors and managers

To get the latest version of this leaflet or to print extra copies please go to the 'Planning and commissioning' pages on the Cardiff and Vale Intranet