Out of Hours
Commissioning in health care:
do you feel in charge?

BRAVE NEW WORLD

The Health and Social Care Act (2012) promised a brave new world of clinically led commissioning.[1] Clinicians in primary care would be in charge of health care and would commission and decommission services at will. Liberating the NHS meant that frontline doctors, nurses, and other healthcare professionals would be in charge. Such was the enthusiasm for GP leadership that the initial bodies to replace primary care trusts were to be called GP consortia. Four years into the new world of clinical commissioning groups (CCGs), it is worth taking stock and looking at the extent to which they have achieved their ambitions. And that is exactly what the King's Fund has done in its report on clinical commissioning.[2]

Its report is strong on the problems that CCGs must tackle before they can more effectively engage the GP community in commissioning. It emphasises the importance of maximising the contribution of GP leaders; it covers the often neglected topic of succession planning; and it also sheds light on the thorny issue of how best to manage conflicts of interest. It does not shy away from the great challenges that CCGs face in engaging GPs — namely, inadequate autonomy, issues in ensuring the retention of public support, and, inevitably, a lack of resources.

SHOULD GPs GET INVOLVED?

However, naming and outlining these challenges is not the same as overcoming them — even though the report does raise some interesting ideas. One such idea is that the Department of Health and NHS England work with the royal colleges:

'... to promote commissioning as a rewarding career option for clinicians and ensure it has the same status for health care professionals as research, training and clinical work.'[2]

It also suggests that authorities could do more to:

'... provide clinical leaders with the developmental support and training they need to do the job properly'.[2]

It is unlikely that many doctors would want to become full-time commissioners; however, there is no reason why young GPs should not take up part-time clinical commissioning roles as part of a portfolio career. There could be various routes into such a career pathway — from education in clinical leadership to supervised experience in measuring and improving the quality of care.[3–5] Such methods might recruit clinical commissioners — however, the issue of how best to retain them would remain.

Education can help but it has limits if the job for which you are being educated is difficult, unpredictable, and offers only limited freedom to put what you have learned into practice. The original concept of CCGs was that they would allow more local and regional decision making — however, the reality is that command and control and continuous monitoring continue from the centre.

TO BE INDEPENDENT OR TO FOLLOW?

Thus you might well ask: what should we educate our GP commissioners for? To be independent decision makers, or to follow central diktats, or to do both? Should we teach them how best to find out the needs of patients and populations in their localities and design services to meet these needs? If so, how will they react when they come up against the harsh reality of limited resources that will stop them from satisfying those needs? Or limited time that prevents them from doing proper needs assessments in the first place? Or should Machiavellian doctrine be on the curriculum so that they can learn the art of saying different things to patients, colleagues, and their masters at the centre? Education in clinical commissioning is important but it cannot solve all of our problems. It cannot grow a healthcare budget to the level that is needed or facilitate devolved decision making when such decisions will break centrally derived rules.

Education can solve some of the dilemmas in clinical commissioning. However, the other great matters of strategy, funding, culture, and real autonomy must be tackled at the same time. The only problem is that they cannot be tackled by local clinical directors. And there is little on the horizon that suggests more funding, or a change in culture from the current one.

If you feel that you are not in charge, you are unlikely to be alone. And saying 'take charge' or 'get prepared to take charge' is not enough.

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