NHS
Commissioning Board
A special health authority

Commissioning Support FAQs

For NHS and local authority audiences

1. What is commissioning support?
Equity and Excellence: Liberating the NHS said that clinical commissioning groups (CCGs) will have the freedom to decide which commissioning activities they do themselves, share with other groups or buy in from external organisations. The assistance that they buy in was described as commissioning support.

Local and national commissioning support services (CSS) are being set up and will be designed to offer an efficient, locally-sensitive and customer-focused service to CCGs. CCGs are likely to need support in carrying out both the transformational commissioning functions, like leading change and service redesign, and the more transactional commissioning functions, such as procurement, contract negotiation and monitoring, information analysis, and risk stratification. CCGs will always retain legal accountability and responsibility for meeting their statutory functions and their commissioning decisions cannot be delegated.

Nationally, work is progressing on development of several offers where there is evidence of benefit from working at greater scale in terms of specialism and value for money. A single, nationwide NHS communications and engagement service is proposed along with a range of emerging models for business intelligence, clinical procurement and business support services (such as HR, payroll, procurement of goods and services and some aspects of informatics) where it is proposed that national standards will be set and elements will be delivered at national, sub-national or local CSS level as appropriate to the model.

2. Why are commissioning support services being set up?
A new NHS commissioning system is being set up to empower clinicians to lead the commissioning of high quality, efficient healthcare services and to give patients more power and choice. Commissioning will be clinically led – by doctors, nurses and other health professionals in CCGs – and supported by managers. Clinicians are uniquely qualified to lead the commissioning of high quality healthcare for patients.

This change gives the NHS the opportunity to think about what management support clinical commissioners will need to more efficiently deliver better outcomes for patients. For some management support activities, CCGs will need to appoint their own internal staff while for others they will have a choice of using new CSS – hosted by the NHS Commissioning Board (NHS CB) – or other sources of commissioning support.

Good commissioning support will help CCGs and the NHSCB to concentrate better on the clinical and locally sensitive aspects of commissioning and to make the best use of resources available to the NHS.

3. What does the guidance document 'Developing Commissioning Support: Towards Service Excellence' say?
The guidance, *Developing Commissioning Support: Towards Service Excellence,* describes work to date and the proposals for navigating a way through the transition from PCT

commissioning support to CSS. Discussions with stakeholders confirm that commissioning support is one of the most fundamental and challenging parts of the reforms and so it has been absolutely critical to co-design an approach that involves the greatest range of stakeholders.

The key messages from the document are:

- The need to develop commissioning support as a vibrant and innovative service sector, providing customer focused support and choice to CCGs and the NHSCB.
- CCGs will be able to choose their commissioning from whoever they like, and be supported through authorisation to undertake their functions through service level agreements with shadow CSS.
- There are a small number of commissioning support functions (business intelligence, major clinical procurement, communications and engagement, and business support services) which should be developed over a bigger geography to maximise economies of scale and increase access to scarce expertise.
- The NHS CB will temporarily host services which are developed from out of PCT clusters until they move to independent status, no later than 2016. This will allow CCGs and CSS to develop and takes account of the difficulties of developing stable and mature models during the transition.
- A Business Development Unit is being established to support and assess emerging CSS, assure them and provide confidence to both CCGs and the NHSCB around future viability.

4. How will CCGs be able to specify what they want in terms of commissioning support and the set up of CSS now, to provide what they'll need beyond 2013?
CCGs need to be able to describe the services they require and test the capability of commissioning support suppliers to meet these requirements.

We are working with a range of stakeholders – including the national primary care representative organisations – to create a programme of support to help CCGs become 'informed customers' of commissioning support, building on the work already being undertaken by local PCT clusters and Pathfinder CCGs. CCGs will need to think about how they, as organisations, put in place and manage the arrangements which they will want to make with a range of other organisations and suppliers when they establish their structures, to make sure that they have access all the skills that they need in order to be able to carry out their responsibilities.

This programme will work in parallel with the ongoing business review process so that CCGs have the skills and capacity to carry out their functions and to specify and source commissioning support prior to - and beyond - April 2013.

5. How soon will CCGs be able to choose from a full range of commissioning support
Choice is being introduced into commissioning support services to ensure that these management support services become more innovative and provide greater value for money to the NHS. Services need to be responsive to CCGs and truly support them in achieving their improvements to local outcomes. CCGs will be free to use their running costs to seek support from whoever they wish, as set out in the White Paper and in the final version of *'Towards Service Excellence'*.

In practice, it is likely that the vast majority of commissioning support will come from the local PCT cluster/emerging CSS during 2012-13, while the NHS makes the transition and while statutory responsibilities are changing. However, where CCGs feel they can get a better service from an emerging NHS offer elsewhere, the NHS CBA will be working closely with SHA clusters and with CCGs on a case by case basis so that the HR and other operational and financial implications can be handled appropriately.

'Towards Service Excellence' also indicates that CCGs will be able to call on specific products or services from the independent or voluntary sector and, during 2012/13, PCT clusters will be able to procure these products or services on behalf of prospective CCGs, with a view to transferring the contract once the CCG becomes a statutory body in April 2013.

SHA clusters have been asked to aggregate where CCGs wish to call on support from other sectors so that the sourcing of these providers can be undertaken across the most appropriate scale.

Once they are established, CCGs will be public bodies and will be required to procure their commissioning support in the open market in line with the EU rules that govern the public sector. CSS will be able to develop partnerships with other organisations from other sectors so that they can develop greater capability to support CCGs in bringing about real improvements for patients.

6. How will the hosting period work?

Hosted commissioning support will need to cover its costs. Services will do this from the income they get from the services they provide to their customer base – CCGs predominantly – but also the NHSCB for some services. CCGs and the NHSCB will fund their commissioning support from their running costs budget. These arrangements will be underpinned by service level agreements that will be developed through a shadow running period from April 2012. Details of the governance and accountability arrangements while CSS are part of the NHSCB are currently being worked through and more information will be available later in the year.

7. When are NHS CSS staffing structures likely to become clearer?

The structures for CSS will become clearer from Summer 2012 onwards. Staff in PCT clusters are currently working closely with CCGs to explore and design a range of CSS that will support CCGs through authorisation and beyond.

In parallel, CCGs are continuing to work through their structures and decide how they will carry out their functions, including which activities they undertake in-house, share with other groups, or buy-in from external sources, which means it is too early to determine the final form that CSS will take in April 2013.

Over the coming months, the quality and capability of emerging CSS will tested as part of the business review to provide assurance to both the NHSCB and CCGs that they are being run properly and are suitable for hosting. It is important, therefore, that CSS are up and operational as quickly as possible to provide ongoing support to CCGs.

8. What's the future in CSS for PCT and SHA staff?
The NHS has many highly skilled and experienced staff working in commissioning support roles across PCT and SHA clusters. We need to make sure that commissioning support in the future benefits from the skill and expertise of these staff.

CSS leadership teams will be a critical factor in the success of the new clinical commissioning system. The new leaders will lead the drive towards establishing the new outcome- and customer-focused approach. CSS leadership teams will need to develop attractive organisations that are capable of winning and retaining CCG business and of retaining the many highly skilled specialist staff who currently provide commissioning support functions in PCTs. Leadership recruitment will begin in early 2012.

The development of CSS and their structures and staffing will be determined locally by the CSS Development Boards and leadership teams. This will be undertaken in consultation with trade union representatives and in line with the principles of the national HR Transition Framework. While CSS are hosted by the NHSCB, staff will be directly employed by the NHSCB and retain their NHS terms and conditions.

9. How will the national scale services operate?
There are four commissioning support functions which evidence argues should be developed over a much larger geography to maximise economies of scale. These are, communications and engagement, business intelligence, major clinical procurements and business support services. We expect these services to be hosted temporarily by the NHSCB from April 2013, alongside other CSS.

We are currently working closely with SHA and PCT clusters and with CCGs to ensure synergy between the emerging local offers of CSS and the national scale services, and to ensure the nationwide offers continue to have local flexibility and responsiveness to their customers' needs.

It is likely that local CSS will continue to have the local customer interface with CCGs, while working in a close 'business to business' arrangement with each of the national scale services.

10. Is it the intention that all NHS commissioning support will be eventually outsourced to private sector companies?
Not at all. In future, it is important that there is a range of high quality CSS that CCGs and the NHSCB can call on to support their commissioning decisions. Over time, we hope that there will be a diverse and customer driven competitive market that will encourage innovation and drive up standards.

In the meantime, from April 2013, the NHSCB will have an important role in temporarily hosting many of the CSS emerging form PCT clusters so that they have time to refine their offers with CCGs to ensure they are truly responsive.

By 2016, it is likely that there will be a range of different models and options including NHS staff led social enterprises, and partnership arrangements with other independent, local government or voluntary sector bodies.

There are areas where the private or voluntary sector or local authorities have a real contribution to make alongside and in partnership with existing NHS staff to improve the

quality of commissioning. Other sectors clearly have an important role to play in bringing innovation, specialist knowledge and sometimes added value from other countries and health traditions. There is a real potential for the NHS and other sectors to work together to develop a blend of new and innovative offers for future commissioners that combine the best talent from across the health industry

There are numerous examples where the NHS has successfully teamed up with other sectors to improve patient care – by using the niche expertise of third sector bodies like the Stroke Association or Diabetes UK, or analytical and diagnostic skills from Dr Foster – and we hope that these partnerships continue in the future.

11. Is commissioning support already being done by the private sector?
As is the case with PCTs, CCGs will be free from April 2013 to use their running costs to seek support from whoever they wish, allowing them to add skills and expertise where they most need it.

At the moment, some PCT clusters, which are setting up CSS, are procuring temporary external support to help them set up their CSS. These are distinct and short-term contracts relating to the development and establishment of commissioning support functions – contracts which must come to an end by March 2013. Separate to this, later this year, CCGs will choose their commissioning support and agree service level agreements with CSS or procure external support.

If you have a question please email: commissioningsupport@dh.gsi.gov.uk