

How knowledge services can support primary care commissioning

Dr Diane Gray

Consultant in public health medicine

Milton Keynes PCT

Commissioning ...

■ ... of primary care

- General practices (United Health, NetCare)
- Community nursing
- Therapies
- Social care

■ ... by primary care

- Specialist care in the community
- Secondary care

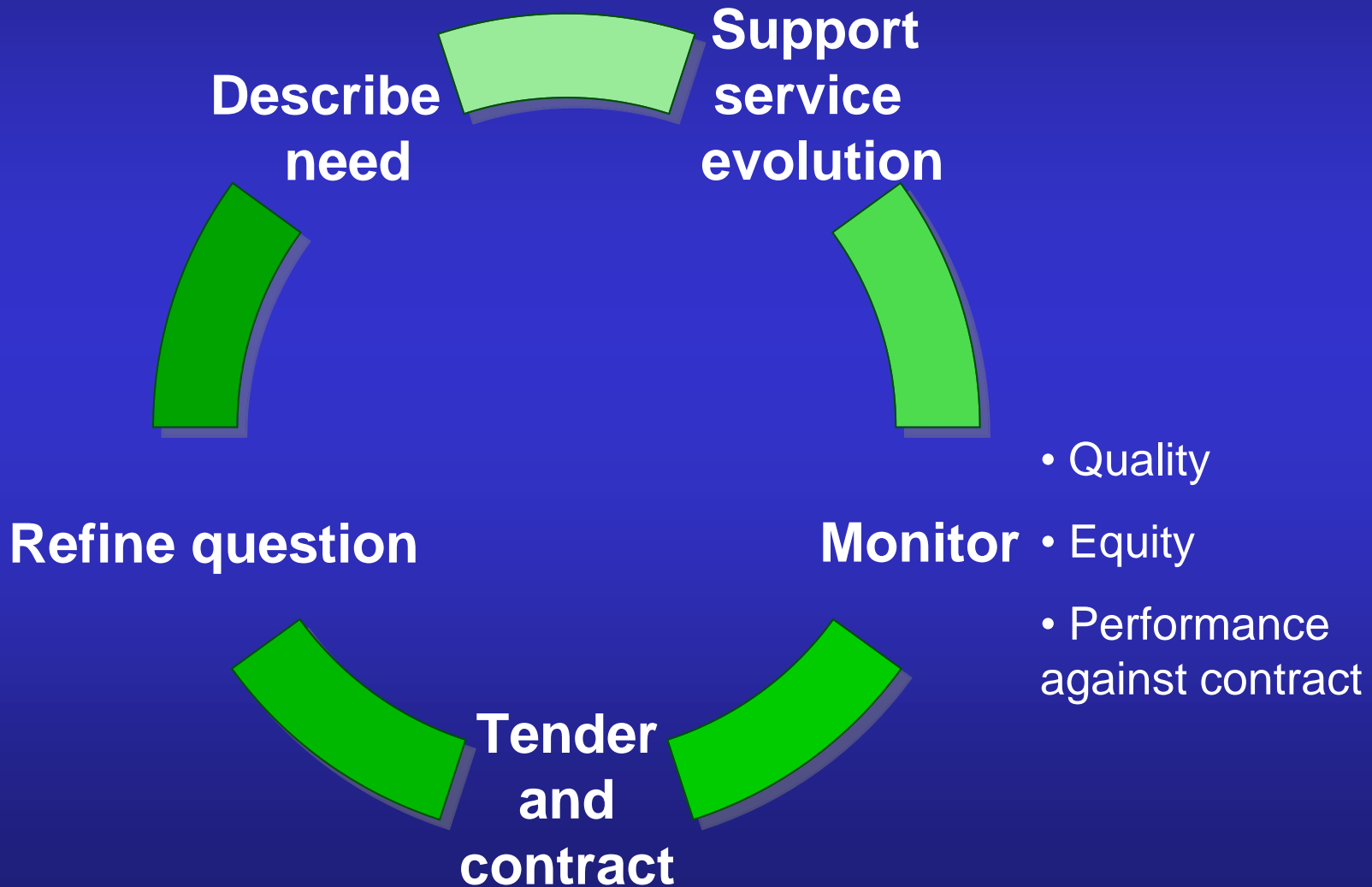
■ ... from primary care

- PCTs as commissioning organisations
- Practice-based commissioners

■ ... for primary care

- Information and analysis
- Finance, HR, etc
- Public health
- Knowledge mgt

Commissioning solutions, not services



Describing need

- Realising need exists ...
- Communicating to:
 - policy makers
 - those that influence policy making
- Supporting “business case” for prioritising that need

Scenario 1:

- BOB monthly public health update for Buckinghamshire, Oxfordshire & Berkshire
- Mentions link to food poverty mapping undertaken elsewhere
- Idea of food poverty taken up by public health
- Big Lottery Fund bid and Choosing Health funding to provide:
 - Education on food preparation
 - Peripatetic greengrocer



Refining the question

- What is the true question to which an answer is needed?
 - Distilling
 - Prioritising components
 - Understanding urgency
 - Understanding range of solutions

Scenario 2:

- Problem:
 - Short stay hospital admissions to diagnose deep vein thrombosis cost £££ to PCT and inconvenienced patients
 - After investigation, 75% patients did not have DVT
- Question:
 - Can the diagnosis of DVT be undertaken outside the hospital setting?
- Response:
 - Clinical pathways from elsewhere; links with authors of HTA on DVT diagnosis
- Outcome:
 - Patients at low risk of having DVT (the majority) can be managed within primary care



Tendering & contracting

- Structure
 - How are other PCTs undertaking tendering/contracting functions
- Process
 - What tendering arrangements are in place elsewhere?
- Outcomes
 - Model contracts

Scenario 3:

- Problem:
 - Patients who have operations overseas could claim reimbursement by the PCT
- Question:
 - What policies exist elsewhere that could help shape our PCT policy on this?
- Response:
 - Search of policies and advice from elsewhere
- Outcome:
 - PCT policy that is in tune with policy elsewhere in the NHS and based on legal advice



Monitoring

- Of performance:
 - targets, indicators and benchmarks ...
- Of quality:
 - readmission rates, infection rates, but how else ... ?
- Of equity:
 - Health equity audits: methodologies from elsewhere

Scenario 4

- Problem:
 - Very high numbers of emergency hospital admissions
- Question:
 - What is the relationship between numbers of admissions and supply of medical beds?
- Response:
 - Roemer's Law: *Supply may induce its own demand where a third party practically guarantees reimbursement of usage*
- Outcome:
 - Shift in emphasis from preventing emergency admissions to ensuring timely discharge



Evolving services

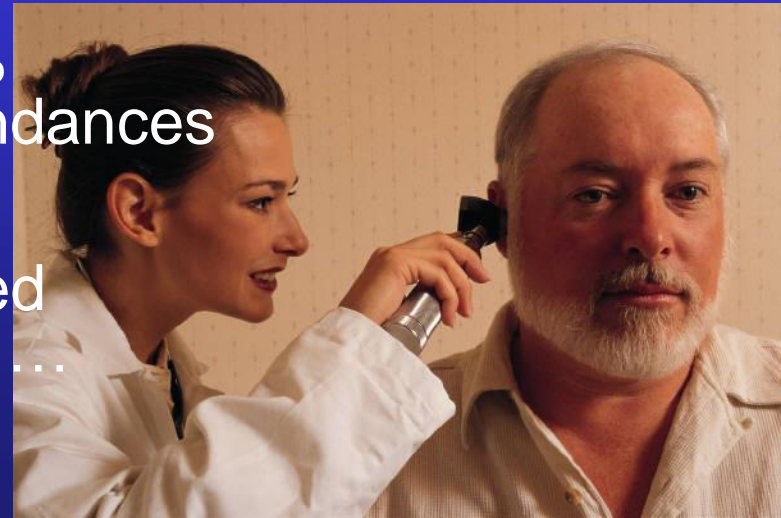
Desire of knowledge, like the thirst of riches, increases ever with the acquisition of it.

Laurence Sterne, 'Tristram Shandy' (1760s)

- What new versions of care or service have been developed elsewhere?
- What are the potential impacts of new policies on current services and patient care?
- How can patient care continue to be improved?

Scenario 5:

- Problem:
 - GPs refer patients to hospital outpatients and A&E that could be seen in primary care
- Question:
 - What referral guidelines exist that could be adopted locally by clinicians?
- Response:
 - Prodigy, NLH, etc etc etc
 - Results of studies indicating % inappropriate admissions/attendances
- Outcome:
 - Referral pathways being agreed between GPs and consultants ... again ...



Summary

*To know that we know what we know, and
to know that we do not know what we do
not know, that is true knowledge.*

Copernicus

Also adapted for use by
Donald Rumsfeld ...



*Between us, we cover all knowledge;
he knows all that can be known and I
know the rest.*

Mark Twain (on Rudyard Kipling)