Commissioning
Current Awareness Bulletin
February 2020

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Thinking differently about commissioning

Our new report explores how some clinical commissioning groups are reimagining how they commission services. We share insights from three commissioners who are taking a new approach to collaborative commissioning at local 'place' level.

Journal Articles:

Title: Moving towards strategic commissioning: impact on clinical commissioning groups as membership organizations.

Citation: Journal of Health Services Research & Policy; Jan 2020; vol. 25 (no. 1); p. 22-29

Author(s): Warwick-Giles, Lynsey; McDermott, Imelda; Checkland, Kath; Moran, Valerie

Objective: This paper aims to explore the nature of clinical commissioning groups (CCGs) in England as membership organizations. Utilizing the concept of meta-organization as a lens, we discuss the impact that this organizational form might have on CCGs' ability to become 'strategic commissioners'.

Methods: We used a longitudinal qualitative approach to explore the adoption and implementation of primary care co-commissioning. The study was undertaken between May 2015 and June 2017 and included interviews with senior policy makers, analysis of policy documents, two telephone surveys, and case studies in four CCGs nationally.

Results: CCGs operate as membership organizations with closed boundary and low stratification, whereby a consensus or majority needs to be reached by members when activities impact on membership or the CCG's constitution. While CCGs should move towards a more strategic commissioning role that is focused on local priorities agreed by their members, they are faced with a complex system of accountabilities and responsibilities, which makes this difficult to achieve.

Conclusions: The nature of CCGs as membership-based meta-organizations has the potential to both help and hinder CCGs in becoming strategic commissioners. The complexities in accountability and governance that the membership approach introduces, and the potential difficulties that CCGs face with competing meta-organizations, raises questions about the future of CCGs as membership organizations.
Title: Conceptualising the Integration of Strategies by Clinical Commissioning Groups in England towards the Antibiotic Prescribing Targets for the Quality Premium Financial Incentive Scheme: A Short Report.

Citation: Antibiotics (Basel, Switzerland); Jan 2020; vol. 9 (no. 2)
Author(s): Anyanwu, Philip Emeka; Borek, Aleksandra J; Tonkin-Crine, Sarah; Beech, Elizabeth; Costelloe, Céire

Background: In order to tackle the public health threat of antimicrobial resistance, improvement in antibiotic prescribing in primary care was included as one of the priorities of the Quality Premium (QP) financial incentive scheme for Clinical Commissioning Groups (CCGs) in England. This paper briefly reports the outcome of a workshop exploring the experiences of antimicrobial stewardship (AMS) leads within CCGs in selecting and adopting strategies to help achieve the QP antibiotic targets.

Methods: We conducted a thematic analysis of the notes on discussions and observations from the workshop to identify key themes.

Results: Practice visits, needs assessment, peer feedback and audits were identified as strategies integrated in increasing engagement with practices towards the QP antibiotic targets. The conceptual model developed by AMS leads demonstrated possible pathways for the impact of the QP on antibiotic prescribing. Participants raised a concern that the constant targeting of high prescribing practices for AMS interventions might lead to disengagement by these practices. Most of the participants suggested that the effect of the QP might be less about the financial incentive and more about having national targets and guidelines that promote antibiotic prudence.

Conclusions: Our results suggest that national targets, rather than financial incentives are key for engaging stakeholders in quality improvement in antibiotic prescribing.

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British Nursing Index’ Cinahl, Medline, King’s Fund & Health Foundation

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