

COMMISSIONING OBJECTIVES

SEPTEMBER 2013

Last year West locality decided to create an innovative post to get newly qualified GP's interested in commissioning. I saw the advert and decided to step well out of my comfort zone and apply. At the time, as a 4 session a week salaried GP, I had very little idea of how the NHS worked beyond my consulting room and only a vague notion of what the term CCG meant. However a little reading later I managed the interview and got the job (admittedly there was not a lot of competition).

So for the last 8 months I have spent a day a week in an entirely different world from the one I was used to. Initially I started attending meetings – Clinical Commissioning Group (CCG), Commissioning Executive Team (CET), Clinical Reference Group (CRG) and Right First Time (RFT). It took at least a couple of months to get even the vaguest handle on all the acronyms that fly around. I began to understand for the first time the concept that the CCG holds a finite amount of money and has to ensure all the services it purchases are cost effective. Likewise the providers of these services have their own interests to protect. I had assumed until this year that the hospitals/CCG all basically had the same interests, an assumption that quickly dispersed at the first contract negotiation meeting between Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) and the CCG that I attended.

As my awakening to NHS finances progressed I became more aware of the genuine concern that unless we change the way we deliver healthcare the NHS will become unsustainable over time. It has been enlightening to hear about RFT and projects going on across the city to decrease our reliance on hospital based care and to move services into the community. The focus on multi-disciplinary working and trying to anticipate and plan for crises rather than deal with them as they occur has opened my eyes to a potentially new way of working.

The most rewarding thing about my post so far has been the chance to be involved. I have been helping with work to develop a pipelle biopsy Locally Enhanced Service (LES) city wide. This will enable women to be investigated in the community near to their home and will reduce secondary care appointments, thus doing my small bit to keep the CCG accounts in the black. I have worked on a dizziness pathway locally and delivered training to local GPs.

When the initial job advert for my post came out there was not a great deal of interest. Now when I feed back to my peers what I actually do many have expressed regret that they did not apply. I had worried commissioning would involve lots of dry meetings, where actually it represents a chance for clinicians to get involved and make changes locally for the benefit of patients. Personally I would recommend any doctor offered the opportunity I have had in the future to seize it.

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