



Take the MND Pathway to WCC Wins

The second year of World Class Commissioning (WCC) which kicked off in mid-September brings bigger challenges and higher expectations.¹ The good news is that we may find some big WCC wins in unexpected places. I'm convinced that PCTs who "get neurological" about long term conditions pathway commissioning can stride up the ladder of WCC competencies. As a practical example, a "year of care" commissioning pathway for motor neurone disease (MND) is already available.² Using it should produce outcomes that are affordable by health and social care commissioners, deliverable by providers and, most importantly, bring improvements in services for users and carers living with this complex neurodegenerative condition.

The number of people with MND is relatively small – about 5,000 nationally. What should make us sit up and take notice is the cost: a worst case scenario price tag of close to £200,000 per case in the final year of life. That's a strong incentive for PCTs and local authorities to get a better grip on how that level of resource is being spent locally. Using the MND commissioning pathway to benchmark what you are doing now, may show that you have to do some "world class decommissioning" first. Learning how to do that also counts in WCC competency terms.

The eleven WCC competencies are:

1. lead the local NHS
2. work with community partners
3. engage with public and patients
4. collaborate with clinicians
5. manage knowledge and assess needs
6. prioritise investment of all spend
7. stimulate the market
8. promote improvement and innovation
9. secure procurement skills
10. manage local health system
11. efficiency and effectiveness of spend

I went through the MND Year of Care (YOC) commissioning tool and pulled out some of the more obvious key themes that addressed these eleven objectives. This table links the MND year of care themes with the WCC competencies and provides some brief notes about what

¹ www.policyreview.tv/conference/318/agenda.html

² www.library.nhs.uk//neurological/ViewResource.aspx?resID=294548

commissioners would have to do better in strategy and delivery to achieve a higher competency level - what WCC-speak calls our “execution”.

MND YOC theme	WCC competencies	Required PCT “execution”
Care pathway specific to people with motor neurone disease	4,6,11	Use clinically specific information; lead clinician engagement; prioritise investment in line with local needs of people with MND; ensure efficiency and effectiveness of our spend on MND services
Improving engagement and reducing inequalities; improving user/carer experience	1,2,3	Local leadership to engage better with people with long term neurological conditions; use intelligence available about local populations from MND Association colleagues to improve services
Health benefits (quality of life in a terminal condition)	7,9, 10,11	Measurable improvement in quality of life for people with MND through integrated commissioning, procurement and delivery
Appropriate and timely Interventions	5,6,8,10,11	Linking everything to using the MND pathway to better assess, plan and deliver services for people with a complex, deteriorating condition, including end of life care
Provider (clinician) engagement	4, 9,10	Contracting that addresses the MND pathway and user/carer engagement; provider evidence of better outcomes through better clinician engagement in the pathway
Market analysis and management that is needs- led for better procurement	5,7	Understanding current and future needs and costs; identifying providers – existing or new ones – who can deliver what we want; dis-investing to reinvest for change and even savings
Working across health and social care sectors with partners in health, local government and 3 rd sector and private organisations	1,2,3,5,6,7,8,10,11	Taking the lead locally in forming partnerships and collaborations to do things differently and better for this group of people. If it works, let’s try it.
Quality improvements	1,2,3,4,6,7,8,9, 10,11	Taking the NSF for Long Term Neuro Conditions into our commissioning strategy and provider delivery
Risk management using real time data	5, 8, 10	We have intelligent information about our MND population and provider feedback that reduces risks of unplanned emergency episodes
Service transformation for better outcomes	4,7,11	Local market stimulation; service redesign through changed clinical behaviours and more efficient resource use

Those of you who have been sleeping with the *WCC Assurance Handbook*³ under your pillows more than I have will no doubt think of more WCC themes, sub-competencies and criteria to add to this list. That's just the point: there are some big wins for commissioners here – far outside the scope of MND itself - if we think creatively about a year of care approach in terms of all neurological long term conditions. If that happens, the beneficiaries will include not only us as commissioners, but also the practitioners and providers who deliver services and, most importantly, the patients and carers who receive the services we commission. Are we up to this challenge? We cannot afford not to be is the simple answer.

Andrew Craig, health promotion consultant, NHS Wandsworth Professional Executive Committee, London
andrew@mooreadamsoncraig.co.uk

© MAC Partnership LLP November 2009

³ www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_105577.pdf