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PSNC Briefing 112/13: NHS England's Direct Commissioning Assurance Framework

At the end of November 2013 NHS England published its [Direct Commissioning Assurance Framework](#). This document details how the organisation will assess how well its direct commissioning functions, which include the commissioning of community pharmacy, are performing against their plans. LPCs may find it helpful to be aware of this process, as it will impact on the work of staff responsible for community pharmacy service commissioning in Area Teams.

Background

NHS England directly commissions £27bn of healthcare services each year, across five areas: primary care, including community pharmacy; specialised services; some specific public health screening and immunisation services; services for members of the armed forces; and health and justice services. The commissioning of these services is largely conducted through Area Teams.

The NHS England Board, along with patients, the public and fellow commissioners, need to be assured that the organisation is able to demonstrate the effective use of public funds in commissioning safe, high quality and sustainable services within available resources.

An NHS England working group was established in the summer of 2013 to develop and propose a framework against which the NHS England Board can achieve this assurance. The assurance process will help to assess how the direct commissioning function can realise its full potential and how other teams within NHS England can support it on that journey. The framework will apply the same principles that are used in the assurance of Clinical Commissioning Groups (CCGs) to the assurance of NHS England's commissioning activity.

How will it work?

A single annual assurance cycle will be used, comprised of a series of summative quarterly assurance discussions. These quarterly discussions will be framed around six 'assurance domains' that reflect the attributes of a 'great commissioning function'.

The assurance conversation will be held between Area Teams and their respective regional team, consistent with the line management arrangements in place within NHS England. This will culminate in an annual assurance report being published to summarise the assurance position of the direct commissioning function.

For this context, assurance is defined as checking and acting on the assessment findings, across the delivery, capability and development needs of the direct commissioning function of Area Teams. It is intended to identify areas within the six assurance domains where performance is achieving the required standards as well as where performance is challenged.

Assurance will apply to the entirety of the direct commissioning functions of area teams, reflecting the integral contributions from all, including the local medical, nursing and finance expertise at local level. It will also acknowledge that the regional and central support teams have an important role in direct commissioning that

should also be reflected in assurance. In addition, there are co-dependencies between Area Teams, CCGs and other local partners in commissioning care for the same populations.

The six assurance domains

Evidence will be sought and reviewed against each of the six assurance domains as part of the assurance conversation:

Domain 1 - A strong clinical and multi-professional focus which brings real added value, with quality at the heart of governance, decision-making and planning arrangement. Direct commissioning functions should have strong partnerships with clinicians at local level, through their local professional networks, CCGs, local professional committees, clinical senates and wider clinical and professional groups, to ensure that there is involvement and clinical leadership in making and implementing commissioning and quality improvement plans. Views and input should be sought, heard and valued from a range of professionals, including primary and secondary care clinicians.

Domain 2 - Meaningful engagement with their communities, citizens, patients and carers. Direct commissioning functions should have robust arrangements in place to engage communities, citizens, patients and carers in commissioning decisions that ensure services are responsive, appropriate and consistent and reflect their specific commissioning responsibilities.

Domain 3 - Clear and credible plans with delivery against improved outcomes within financial resources, and are aligned to CCG commissioning plans and local Joint Health and Wellbeing Strategies (JHWS). Direct commissioning functions should have service delivery plans that set out priorities in order to improve local health outcomes. These plans are supported by detailed financial plans that deliver financial balance and are integrated with their commissioning plans. There should be on-going discussions with the relevant fellow commissioners to ensure that care pathways in which they have a shared interest, including primary care and specialised services, are aligned to long-term strategies and plans.

Domain 4 - Robust NHS England governance arrangements are embedded locally, with the capacity and capability to deliver all their duties and responsibilities to effectively commission all the services for which they are responsible. NHS England, both nationally (central support unit) and locally (area teams) should have appropriately secured the capacity and the capability to deliver excellence in their commissioning responsibilities for span planning, securing and monitoring of the services for which they are responsible.

Domain 5 - Collaborative arrangements for commissioning with other direct commissioning functions, CCGs, local authorities and external stakeholders. The direct commissioning function should collaborate and hold mutual assurance with a range of partners including CCGs as well as the local health and wellbeing boards and clinical senates. As partners within health and wellbeing boards, the strategies and plans of direct commissioning functions and their partner CCGs should effectively reflect JSNA and JHWS processes and contribute to delivering improved outcomes for all local people.

Domain 6 - Great leadership that contributes to making a real difference to the health, wellbeing and healthcare services of local communities. As health and wellbeing leaders, direct commissioning functions should have the skills to make significant contributions to ensuring the quality of services today and transforming services for tomorrow for local communities, citizens, patients and carers.

NHS England are proposing that the initial focus for assurance is to establish the baseline across the six assurance domains, including a review of evidence, systems and processes within the direct commissioning function, on which future summative rounds of assurance will build.

If you have queries on this PSNC Briefing or you require more information please contact [Alastair Buxton, Head of NHS Services](#).