

# Commissioning Palliative & End of Life Care

Data requirements

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# Policy Context

## *Commissioning framework for health & well-being*

- Consultation paper published by DH  
March 2007
- Sets out potential future policy for  
commissioning practice
- Heralds a major shift from current practice
- DH response to consultation still awaited

# Shifts in Commissioning Practice 1

- **From** a focus on commissioning for volume and price **to** commissioning for quality, efficiency and value
- **From** a limited range of providers **to** a wider range of providers and provision that is better tailored to people's needs
- **From** weak management of transition points between services **to** seamless transition with services configured around a person's needs

# Shifts in Commissioning Practice 2

- **From** commissioning mostly at LA and PCT level **to** commissioning at practice (health) and individual (social care) as well as by LA & PCT
- **From** use of block contracts **to** payment linked to work done based on outcomes
- **From** focus on inputs and processes **to** focus on outputs and outcomes

# Implied Data Requirements of Commissioning Practice

- ‘Commissioning for quality, efficiency and value’ **implies a need for their measurement**
- ‘Provision that is better tailored to people’s needs’ **implies measurement of aggregate needs of a population**
- ‘Payment linked to work done based on outcomes’ and ‘focus on output and outcomes’ **implies a need for their measurement**

# What commissioners need to know

- How the patient/client group can be defined
- What is the care pathway for palliative & end of life care
- What are the specifications for services that can meet individuals' needs at each stage of the pathway
- What volume of access to such services may be required for a specific population
- What is the likely unit and total cost of services
- What are the funding sources & payment mechanisms
- How much can be afforded
- If more is expended on palliative & EOL care are there savings elsewhere
- How can such services be best coordinated

# PCT Baseline Review for EOL Care

*To be completed by all PCTs by end March*

- What services are available?
- Do they provide what is needed?
- Are they accessible by all who need them?
- What do they cost?
- Are they efficient?
- Are they effective?

# Conclusions

1. Everything in my earlier presentation on the Significance of Data is relevant to commissioning
2. There will be no escape from the need to provide routinely data that will enable measurement of equity, efficiency, effectiveness and value for money and the success or otherwise of the EOL Care strategy when developed & implemented