

6. Strategic Commissioning

THE PRINCIPLES

141. Efficient and effective services for sick children depend as much on having a clear and consistent strategy for commissioning services as having a strategy for delivering them. DHAs are the main commissioning authorities. Their role is to set the framework in which providers operate. In particular, they maintain a vital link between several providers who may be delivering services in the same district. It is the role of the DHA to ensure that a comprehensive range of effective services are provided and properly co-ordinated.

142. The Audit Commission will be publishing a separate report on the commissioning role of DHAs within the next few months. Many of the issues discussed in this chapter will be taken up in more detail in that report.

THE PROBLEMS

143. There are four main problems:

- lack of commissioning strategies;
- poor specification of services in contracts;
- inadequate links between commissioning authorities and providers;
- lack of attention to the need for change.

LACK OF COMMISSIONING STRATEGIES

144. DHAs became responsible for commissioning services in April 1991. The task is therefore a relatively new one. It is not surprising to find that very few DHAs have clear strategies for children's services, but it is surprising to find that very few have firm plans for developing a strategy. The assessment of needs is still very much in its infancy. Few DHAs can clearly relate the services they provide to the needs of their populations. Some DHAs do not even classify children's services as a separate entity but group them with adult services, particularly in contracts for surgery.

145. An important underlying problem is the lack of information on which strategies can be based. Broad activity data, primarily used for funding and budgetary purposes, is insufficiently detailed and often focuses primarily on hospital care. At the other extreme, many hospitals are now developing detailed medical audit information systems independent of existing hospital information systems. The level of information needed for strategies and contracting is between these two extremes, but few hospitals are developing information systems at this level.

POOR SPECIFICATION OF SERVICES IN CONTRACTS

146. The lack of a strategy, lack of evidence on underlying needs and poor information on services are the main reasons for the poor specification of services in contracts. This includes a lack of clarity on when tertiary care is appropriate and lack of attention to the quality of services.