

## Key Outcomes of Good Commissioning

- Improved health outcomes & reduced health inequalities
- Mix of services, in and out of hospital, that are appropriate to the scale and nature of the needs of the local community and are within the available resources
- Engagement from patients, the public and other interested parties
- Services that comply with core standards and are improving in line with developmental standards
- Value for money for the taxpayer

Guiding principles for commissioners can be summarised as follows:

*(The Intelligent Commissioning Board, understanding the needs of SHA & PCT boards, July 2006, Dr Foster)*

- Collaboration
  - SHAs & PCTs need to work as team at regional level
  - PCTs & PBCs need to work as team at local level
- Autonomy
  - The NHS should operate independently from DH
  - But within a clear policy and budgetary framework
- Devolution
  - Decision making should be as close to the patient as possible
- Accountability
  - Clear lines of accountability must be in place throughout the system
  - Attention should be given to the potential conflicts of interest where PCTs & GP practices are both commissioning & providing services
- Transparency
  - There should be clear criteria for the awarding of contracts against which provider organisations will be performance managed
- Information
  - A common information framework is required, both for commissioners and providers, and to support accountability from PBCs through PCTs and SHAs to DH.