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| Title | **Clinical Commissioning for Quality Care** |
| **Code** | **MDM111** |
| **Level** | 7 |
| **Credit rating** | 20 Credits |
| **Pre-requisites** | Clinicians and practitioners actively involved in, or with an interest in, Clinical Commissioning or health & care service leadership; health and local authority leaders and managers, including clinical managers. |
| **Type of module** | 5 days delivered in two 2-day blocks, and  1day intensive critical evaluation of applied local project |
| **Aims** | This module aims to develop clinicians and practitioners to critically appraise commissioning theory, policy and practice, drawing from clinical research evidence, organisation change theory, and market development models.  This module will enable clinicians interested in commissioning to draw from the clinical evidence-base and researched outcomes of clinical interventions to justify and make sense of clinical commissioning decisions.  It combines taught sessions by academic staff and external expert contributors with applied project work, encouraging students to use a blended learning approach which combines teaching and learning sessions with their own work-based projects. |
| **Learning outcomes/objectives** | On successful completion of the module the students will be able to demonstrate:   * A systematic and critical understanding of commissioning theory, policy and current context, particularly as they affect the role and functions of clinical commissioners * The ability to initiate, lead and manage the commissioning and improvement of local services with an emphasis on using clinical research to inform commissioning goals and drive up health outcomes * The ability to critically appraise different commissioning and leadership models, understanding the change process and applying different approaches to the commissioning task. * A critical awareness of strategic planning, market development and financial management, in order to communicate vision and define key priorities * A systematic and critical understanding of approaches and methods for collaborative working with partner agencies. * The ability to critically assess models of engagement to involve partners, patients/service users, and clinical colleagues in commissioning services which will optimise health gain and reduce inequalities. * A critical awareness of how to work effectively with commissioning support organisations, capitalising on the skills, experience and knowledge of non-clinical partners, whilst maintaining a focus on clinical quality, good health outcomes and meeting local need * An ability to assimilate, synthesise and critically appraise relevant aspects of commissioning and present these both orally and in written form to different audiences |
| **Content** | * Commissioning theory, policy and context * Using clinical research to inform commissioning practice * Outcome based commissioning: using Strategic Needs Analysis, and clinical research outputs to formulate and monitor commissioning outcomes. * Clinical focus on quality as a commissioner: improving clinical quality; the quality and safety agenda; clinical quality models * Commissioning and the market: finance and health economics; markets and market development * Change management and innovation: whole system’ and ‘complex system’ approaches; organisational models and structures for future commissioned services; strategic planning * Clinical leadership: models and policy; key competences and skills; professionalism; medical and clinical culture * Collaborative commissioning: working in partnership with other agencies; engaging patients and the public; commissioning with clinical colleagues in other sectors * Commissioning support expertise: understanding and working effectively with commissioning support organisations; outsourcing and re-contracting; investment and disinvestment. * Critical appraisal of an applied project, with in-depth analysis of change methodology, use of the clinical research evidence-base, and choice of commissioning method, in the local context. |
| **Teaching and learning strategies** | The attributes and competences of Commissioners and clinical leaders will be studied at individual and organisational levels  Project work will supplement educational sessions, with a detailed critical appraisal of the applied project forming 20% of the taught programme, to engender a holistic approach to the educational experience. Active reflection will supplement the theoretical learning.  Students will use independent learning and practice-based experience to contribute to the learning process.  Teaching methods will encompass: lectures, whole group discussion, videos, student debate, small group investigative tasks, and individual tutorials. Staff will provide direction within the lectures and seminars with much learner autonomy evident in the group work and student presentations. Learning will be supported further by the use of prepared notes and all usual visual and IT aids.  Students will be expected to support their learning by the use and critical appraisal of primary sources of information such as refereed research articles, important sources being made available on Student Central. |
| **Learning support** | **Core texts:**  Appleby J, Crawford R, Emmerson C. How cold will it be? Prospects for NHS funding: 2011-17 [report online]. London: Kings Fund; 2009 [accessed 30 June 2011]. Available at URL:  <http://www.kingsfund.org.uk/publications/how_cold_will_it_be.html>  Bevan H, Plsek P, Shakespeare R. Commissioning to make a bigger difference: A guide for NHS and social care commissioners on promoting service innovation. Coventry: NHS Institute; 2008  Brereton L, Vasoodaven V. The impact of the NHS Market: an overview of the literature. London: Civitas; 2010  Harrison S, McDonald R. The Politics of Healthcare in Britain. London: Sage; 2008  Imison C, Naylor C, Goodwin N, Buck D, Curry N, Addicott R, Zollinger-Read P. Transforming our health care system. Ten priorities for commissioners. London: The Kings Fund; 2011  Kotter JP. Leading Change.Boston: Harvard Business School Press;1996  Yukl G. Leadership in organizations. 7th ed. Upper Saddle River: Pearson; 2010  **Other recommended reading:**  Appleby J, Crawford R, Emmerson C. How Cold Will It Be? Prospects for NHS Funding 2011-2017.London: The Kings Fund/IFS; 2009  Argyris C. Teaching Smart People How To Learn. Harvard Business Review; May-June 1991  Bate P, Mendel P, Robert G. 0rganising for Quality. Abingdon: Radcliffe-Nuffield Trust; 2008  Boyle S, Pratt J. Agent-based modelling: urgent care as a complex system. In: Kernick D, editor. Complexity and Health Care Organisation. Oxford. Radcliffe Publishing; 2004.  Collins J. Good to Great. Why some companies make the leap... and others don’t. London: Random House Business Books; 2001  Department of Health. Ten things you need to know about long term conditions*.* London: HMSO; 2011  Department of Health. Improving Outcomes: A strategy for cancer. London: HMSO; 2011  Duerden M, Millson D, Avery T. The Quality of GP Prescribing. London: The King’s Fund; 2011  Gaynor M. What do we know about competition and quality in healthcare markets? Cambridge Mass: NBER Working Paper 12301; 2006  Goffee R. Jones G. Why should anyone be led by you? Boston: Harvard Business School Press; 2006  Goodwin N. Leadership in health care: a European perspective. Oxford: Routledge; 2005  Gray A, Harrison, S Editors. Governing Medicine – Theory and Practice. Maidenhead: Open University Press; 2004  Gubb J, Meller-Herbert O. Markets in Health care: the theory behind the policy. London: Civitas; 2009  Ham C. GP Budget Holding: Lessons from across the Pond. Birmingham: Health Services Management Centre, University of Birmingham; 2010  Ham C. Health policy in Britain 6th ed. London: Macmillan; 2009  Ham C, Dickinson H. Engaging Doctors in Leadership: What can we learn from international experience and research evidence?Coventry: NHSI/HSMC; 2008  Health Select Committee. Commissioning: Further Issues. Fifth Report of session HC); 2011 (2010-11) 25-1 (112)  Healthcare Financial Management Association. Introductory guide to NHS Finance in the UK. 10th ed. Bristol: HFMA; 2011  Howell JP, Costley DL. Understanding behaviours for effective leadership. 2nd ed. Upper Saddle River: Prentice Hall; 2006)  Imison C, Naylor C. Referral Management. Lessons for success*.* London: The King’s Fund; 2010  The future of leadership and management in the NHS: No More Heroes. Report from the Kings Fund Commission on Leadership and Management in the NHS. The Kings Fund; 2011 (Online): Available at: [www.kingsfund.org.uk/leadershipcommission](http://www.kingsfund.org.uk/leadershipcommission)  Kernick D, ed. Complexity and healthcare organization: a view from the street*.* Oxford: Radcliffe; 2004  Naylor C, Bell A. Mental Health and the Productivity Challenge: Improving quality and value for money. London: The King’s Fund; 2010  Naylor C, Goodwin G. Building World Class Commissioning: What role can external organisations play? London: The King’s Fund; 2010  Mullins L.J. Management and organisational behaviour. 8th ed. London: Prentice Hall; 2007  Northouse P. Leadership:Theory & Practice. London:Sage; 2010  NHS National Leadership Council. The Healthy NHS Board: A review of guidance and research evidence. January 2010  Pollock A. NHS plc: the privatisation of our health care. 2nd ed. London & New York: Verso; 2005  Purdy S. Avoiding Hospital Admissions. What does the research evidence say? London: The King’s Fund; 2010  Roebuck C. Developing Effective Leadership in the NHS. A short report for the Kings Fund; 2011 (Online)Available at: [www.kingsfund.org.uk/leadershipcommission](http://www.kingsfund.org.uk/leadershipcommission)  Singh D, Ham C. Transforming Chronic Care: Evidence about improving care for people with long-term conditions. Birmingham: University of Birmingham, Health Services Management Centre ; 2005  Thorlby R, Rosen R, Smith J. GP Commissioning: insights from the medical groups in the United States. London: The Nuffield Trust; 2011  Walshe K, Smith J. Eds. Healthcare Management*.* Maidenhead: Open University Press*;* 2006  Western S. Leadership: a critical text. Thousand Oaks: Sage; 2008  Wheatley MJ. Leadership and the new science: discovering order in a chaotic world. 3rd ed. San Francisco: Berrett-Koehler; 2006  Zimmerman B, Lindberg C, Plsek P. Edgeware: Insights from complexity science for health care leaders. Irving: VHA; 2001  **Web Sites:**  Students are recommended to study policy and publications produced on the main health & social care websites- Department of Health; Local Government Association and its associated local government websites, Dr. Foster, Care Quality Commission, Monitor, etc. In addition, specific websites of interest to commissioners include:  RCGP Commissioning Competency framework & materials on Effective Clinical Commissioning <http://www.rcgp.org.uk/centre_for_commissioning/effective_commissioing.aspx>  NHS Evidence – <http://www.evidence.nhs.uk/search.aspx?t=commissioning>  Leadership podcasts: <http://www.cipd.co.uk/podcasts>  Managing change in the NHS- <http://www.sdo.nihr.ac.uk/managingchange.html>  NHS Networks – <http://www.networks.nhs.uk/nhs-networks/commissioning-zone> |
| **Assessment tasks** | Student presentation to an academic panel: students will be expected to offer an academically robust response to a Commissioning topic set by the Module Co-ordinator on an aspect of clinical commissioning in relation to the local and national policy context; presentations will be supported by a full slide set referencing academic texts, journal articles, and relevant policy materials.  2 000 word critically reflective assignment reviewing the applied local project work against the learning objectives of the Module, and the student’s own development as a clinical commissioner. The topic will have relevance to the student’s work setting, and will be agreed with the Module Co-ordinator.  Both aspects of the assessment are required to Pass; each will be weighted at 50%. |
| **Brief description of module content and/or aims (maximum 80 words)** | This module aims to develop clinicians and practitioners to critically appraise commissioning theory, policy and practice, drawing from clinical research evidence, organisation change theory, and market development models. This module will enable clinicians interested in commissioning to draw from the clinical evidence-base and researched outcomes of clinical interventions to justify and make sense of clinical commissioning decisions. |
| **Area examination board to which module relates** | IPGM – Area Examination Board |
| **Module team/authors/coordinator** | Breda Flaherty  Caroline Hopper |
| **Semester offered, where appropriate** |  |
| **Site where delivered** | Falmer |
| **Date of first approval** | N/A |
| **Date of last revision** | N/A |
| **Date of approval of this version** | March 2012 |
| **Version number** | 1 |
| **Replacement for previous module** | This is a new module |
| **Field for which module is acceptable and status in that field** | Commissioning, Public Health, Health and Social Care, Management, Leadership, Medicine, Nursing, Midwifery, Local Authority, Third Sector  Optional |
| **Course(s) for which module is acceptable and status in that course** | MSc Commissioning and Leadership, MSc Public Health, Graduate Programme in Health and Social Sciences  Optional module |
| **School home** | IPGM |
| **External examiner** | Professor Terry Desombre, Professor of Health Care Management / Head of the Schools of Management and Law,  University of Surrey |