

The College of Chiropractors Health Policy Unit



NHS Commissioning of Chiropractic Services

An introduction to making it happen



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The way in which health services are purchased by the NHS has changed radically in the last few years leaving some NHS administrative and clinical staff, not to mention third-party providers such as chiropractors who want to bid for contracts, uncertain about the process. However, the mechanism is quite clear - Practice-Based Commissioning (PBC) is the means by which local services should now be purchased.

The College of Chiropractors Health Policy Unit is committed to helping interested chiropractors secure NHS contracts for their services in the public interest. College members have access to a plethora of helpful resources in the Health Policy Unit (HPU) area of the College website, and these are regularly added to and updated. The purpose of this brief document is to address the more frequent questions received from chiropractors, and to direct those who are interested to relevant web resources.

Who should I approach to make my bid?

Initial approaches should be to local General Practitioners (GPs). It is the GPs, usually operating as GP consortia (which may be small groups or large 'clusters' involving 20+ practices), who decide what services they would like to purchase. Note that GPs are normally arranged in geographical groups so that their purchases can be specific for the needs of the local population.

An interested GP can be very helpful and can suggest the idea of purchasing chiropractic to their cluster or a smaller local group. You may get the opportunity to be invited to present at the monthly GPs meeting. A collection of suitable slides can be downloaded from the HPU resources area of the College website.

What will interest the GPs?

Experience shows that GPs are interested not just in your capacity and tariff, but also in your outcomes. If you can provide a measure of how effective you are with your (this translates to their) patients, it illustrates that you provide a helpful service that they may want to purchase. Visit the HPU area of the College website for further information about outcome measurement tools.

You could provide evidence that your interventions have been saving your local GPs time and money by using a GP cost-effectiveness questionnaire. Refer to the HPU web resources for an example.

You can also demonstrate your awareness of government policy on patient choice and provision of care in the community (see

HPU web resources for relevant Department of Health papers) and include the key evidence for chiropractic (see HPU web resources for key publications). You may have the opportunity to respectfully point out some important guidelines. For example, the Department of Health's Musculoskeletal Services Framework (MSF), which describes best practice built around evidence and experience, acknowledges that chiropractors provide evidence-based, timely and effective assessment, diagnosis and management of certain musculoskeletal disorders and describes the inclusion of chiropractic to increase capacity in primary care (see HPU web resources for a link to the MSF document).

What happens after GPs decide they want to commission my services?

When a cluster or consortium of GPs has agreed to purchase a service, it has to put the bid before the Primary Care Trust (PCT) for approval. There is an NHS form for this that the GPs must complete and return. This requires some considerable input from the service provider and the GPs may give the whole form to the provider to complete (an example of a completed bid is provided among the HPU web resources). If the PCT then approves the spend, they will organise the contract [this will usually be an Alternative Provider Medical Service (APMS) contract – see HPU web resources for NHS contracting information].

What about approaching the PCT?

The PCT's role in Practice-Based Commissioning (PBC) is about approving the GP cluster or consortium spend and then managing the administrative side of the contract. To approve the spend, they may want to interview you to reassure themselves of your clinical governance arrangements (i.e. what you do to ensure good clinical practice), your continuing professional development (CPD) and your indemnity insurance.

It is useful to acquaint the PCT with your presence early on, perhaps by approaching the Commissioning Lead with a letter, followed up with friendly emails and phone-calls, so that there is already some background knowledge of what you do.

The PCT also has some commissioning powers which could be relevant to you if they are using these powers to establish a Clinical Assessment, Treatment and Support Service (CATS) centre (this is a new alternative to a hospital for delivering local healthcare services) or are looking at setting up new provision for chronic pain services for example. In these instances, you may be asked to bid to be a 'preferred provider'.

Will I need help and have to work with other practitioners in my area?

In all of the above instances, capacity will be an issue. Consortia/ clusters of GPs and PCTs will be looking at servicing sizeable groups of the public and a group bid with multiple clinicians will hold more appeal. Such a group may just comprise other chiropractors, but sometimes it might be appropriate to develop a multidisciplinary bid including physiotherapists and osteopaths.

Nobody seems interested in commissioning my services – why?

It can be very frustrating when you have good cost-effectiveness / patient-outcome data and good relations with potentially-referring GPs, and you have approached and offered your service with excellent availability and capacity, but still you have no contract. It is important to understand the reasons for difficulty in persuading someone to commission your services. These might include:

Misconceptions

It may be that GPs, the PCT and those in secondary care (i.e. hospital doctors and surgeons) think that:

- Current physiotherapy services already offer what you offer (i.e. manipulation and exercise);
- Back pain and other musculoskeletal pain is 'self-limiting' – some may think that most conditions that do not require surgery will get better if left alone;
- Your services might promote treatment where guidelines for lower back pain say that patients should be taught to manage their condition themselves (I know you would have addressed this in your bid but misconceptions like this can be difficult to shift).

Personal contacts and relations

Relations between those commissioning and those already providing musculoskeletal services within the NHS may have developed over many years making you the outsider. It is therefore much more difficult for you to get your foot in the commissioning door.

Momentum

It might be seen that it is easier to 'beef up' existing physiotherapy services than to change course and refer certain patients somewhere else.

Priorities

These change and in a large, cash-strapped system, despite the available evidence, provision of musculoskeletal services may be overlooked.

Nobody seems interested in commissioning my services – what next?

Don't give up! The NHS may or may not provide chiropractic care in the near future, but if it does it may well be because the profession has been recognised as an evidence-based and cost-effective option for patients, and chiropractors have communicated that they are willing providers of NHS care. In countries such as Denmark, chiropractors are well integrated within national health services and the profession is thriving in the best interests of patients.

Write regular GP letters.

See HPU web resources for examples.

Offer to provide GP presentations.

See HPU web resources for helpful slides.

Develop good relations with other local healthcare professionals.

Get to know the local hospital physiotherapists personally, communicate with them and try to co-manage cases with them if it is appropriate. Write helpful letters to them about patients, e.g. if a patient who has been treated by you eventually received a referral to them or vice versa. A recent communication from the Chartered Society of Physiotherapists clarifies that, contrary to popular belief, physiotherapists can ethically and under certain conditions treat patients alongside one another.

Support initiatives which have the potential to improve perceptions about the profession.

Maintain your membership of the College of Chiropractors, encouraging others to join and participating in the College's Safety, Quality, Excellence initiative. Support the Chiropractic Patients' Association, promoting their website and Backchat magazine to patients.

Chiropractors provide high quality, evidence-based care and if they communicate this effectively to their patients, the public and other healthcare professionals, they will be in a strong position to take a more widely recognised role in the care of musculoskeletal conditions. This will help ensure chiropractic care becomes more accessible to the UK public.

For access to The College of Chiropractors Health Policy Unit resources, please visit:

www.colchiro.org.uk

For further details about The College of Chiropractors, including Membership enquiries, or to be reminded of your website password, please contact:

**The College of Chiropractors
Chiltern Chambers
St Peters Avenue
Reading
RG4 7DH**

Tel: 0118 946 9727

Email: admin@colchiro.org.uk