

Clinical Commissioning Groups in the UK: A Knowledge Management Study

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ABSTRACT

This paper investigates whether Knowledge Management (KM) tools and techniques would be useful to General Practitioners within the new UK Commissioning Consortia when they adopt the role of General Practitioners commissioners from the current Primary Care Trusts. Empirical data based on questionnaires were sent to a small sample group made up of General Practitioners, Primary Care Staff and Academics in addition to data collected from a set of one to one interviews with some of the sample group. The authors' findings show that stakeholders (n=30) are not accustomed to using KM as a way to maximize existing knowledge of commissioning of services within the Primary Care Trust but it does show that they are not too far away from possibly realizing that some type of KM strategy would probably work for them. General Practitioners are already using some of the knowledge management tools under different guises. A lot of resources will be saved if General Practitioners can capture as much of the knowledge already available within the Primary Care Trust by incorporating KM tools and techniques.

Keywords: *Commissioning, General Practitioners, Knowledge Management, National Health Service, Primary Care Trust, UK Commissioning Consortia*

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INTRODUCTION

Since 1948, the UK's National Health Service (NHS) has been providing comprehensive health services to all UK citizens, financed by general taxation and free at the point of care ("DOH", 2010a). The UK's Department of Health (DOH) has highlighted many sweeping changes that need to be incorporated in its vision for the future of the NHS ("DOH", 2010a). One important aspect recommended as part of "Putting patients and the public first" was to remove the control of local health services from the hands of the Primary Care Trusts (PCT) and devolve this power to patients and professionals ("DOH", 2010a). A PCT usually caters to the following major services: General Practitioners (GPs), community nurses, local community hospitals (not acute hospitals), mental health services, patient transport (including ambulances), screening and health promotion programs, dentists, pharmacists and opticians. PCTs are also responsible for the integration of health and social care, ensuring that local health organizations work together with local authorities. Currently, the 152 PCTs in the UK do not get an equal share of the budget allocation but are allocated according to a weighted formula ("DOH", 2010a). The way an individual PCT then allocates this budget to health services is down to government directives and local healthcare needs, as seen by the individual organizations.

GP Commissioning is the process of providing the authority and responsibility of delivering the required local healthcare needs. The new vision of the NHS tries to revamp the existing structure, and to completely overhaul the commissioning of local healthcare services. This was recommended since commissioning healthcare services are considered too weak by the DOH and there is currently very little or no engagement of GPs in the commissioning process, and only a small percentage of GPs think it has actually made any improvements to patient care ("DOH", 2010a). This devolvement will not only enable the NHS to shift decision making as close as possible to individual patients,

but also the power and responsibility for the commissioning of services will be transferred to local GPs through a network of consortia of GP practices and GP Commissioning Consortia (GPCC) ("DOH", 2010a). The whole process can be seen as a business process reengineering technique to reduce operational cost and simultaneously increase customer service.

In addition to this, the DOH has recommended an information revolution which will provide people with sufficient information and knowledge and to empower them to make decisions, actively participate in the care process, and make the right choices to keep them healthy ("DOH", 2010b). This information revolution is intended to provide the patient with the means with which they can converse with their GP to discuss their condition and the services that are available to treat them ("DOH", 2010b). On the other hand, based on the new commissioning model, GPs will be able to commission the 'right' services to tackle the local health needs of their practice population. Such major transitions will cause challenges in many ways, such as:

- Remove all the knowledge and intelligence that has been built up over time and is currently used by the PCT in its commissioning tasks;
- Add the burden of commissioning decisions onto, sometimes coerced, GPs and the GPCC;
- Added responsibility on GPs and their GPCC to deliver a radically different health system, where GPs participate in what is being spent and the outcomes achieved.

The PCTs have built a huge information and knowledge base in addressing the GPs commissioning processes. The PCTs will be disbanded by 2013 (Triggle, 2012; "DOH", 2011a), hence if the commissioning knowledge base created by the PCTs are not leveraged properly then it will not only be a loss for the NHS but also would require additional resources to relearn the whole process with minimal available expertise and resources. In addition to this, serious issues are being raised by the Local Government Informa-

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