

# NHS commissioning practice and health system governance: a mixed-methods realistic evaluation

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## Plain English summary

### Commissioning practice and health system governance

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## Plain English summary

The NHS will continue to provide patients with state-funded, free health services but now general practitioner (GP)-led organisations ('Clinical Commissioning Groups') will buy – 'commission' – these services from NHS bodies, charities, voluntary organisations, local government and private firms. We found that in certain ways this system was not yet working as policy documents assumed. Commissioning work was often laborious and uncertain. Doctors played little part in financial negotiations with hospitals. There was little competition between hospitals, and what competition there was affected only a few aspects of hospital services. Instead, NHS commissioners influenced hospitals and other services by reviewing information about their activity; through negotiation and informal discussions; by sharing scientific evidence about best forms of treatment; and by adjusting payments to them. Legal controls were rarely used. Comparing the English NHS with health systems in Germany and Italy, we found in all three countries that, when hospitals had the right to be paid a fixed tariff for every patient they treated, more patients were treated but health-care costs also rose. Patients and individual GPs, not commissioners, chose which hospitals were used. For different kinds of services, different ways of influencing hospitals and other service providers were needed. Financial incentives were most relevant to patients, such as orthopaedics patients, who needed a single, well-defined treatment. For patients with more complex conditions, for instance mental health problems or older people with several long-term health problems, ongoing negotiation between the many services involved was needed.

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