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Perceived benefits of joint commissioning lag behind reality, new study shows

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A major new report on joint commissioning in health and social care has found the perceived benefits of collaborative working, such as efficiency savings and improvements to services, often lagged behind the reality.

The study, carried out by professors at the University of Birmingham for the National Institute of Health Research, warns that new financial pressures will make joint commissioning and joint working even harder in the future.

“Our research finds no clear evidence that joint commissioning improves outcomes across the board. Even though we picked sites of ‘best practice’ for the study, most sites found it difficult to demonstrate what joint commissioning had achieved locally,” says Dr Helen Dickinson, one of the co-authors of the report.

“The government needs to communicate the objectives of joint commissioning much more clearly to local organisations because those doing the joint commissioning don’t always understand what the process is meant to achieve.

“If the government does not have a clear sense of what joint commissioning should deliver then there is a question over whether it should be pressurising CCGs and Local Authorities to combine budgets.”

The report, entitled: Joint Commissioning in Health and Social Care: An Exploration of Definitions, Processes, Services and Outcomes says: “Faced with less money, but also with an ageing population, rising need and demand and higher public expectations, health and social care will have to work together more than in the past.”

The study found that the necessary reform involved in joint commissioning was often difficult, disruptive and time consuming.

“Regardless of whether or not clinical commissioning can provide better or more responsive service for patients, the process of reform is disrupting exiting relationships and focusing attention on internal organisational concerns rather than external user-professional relationships,” the report states.

Prof Jon Glasby, another co-author of the report added: “Joint commissioning has long been seen as a good thing by policy makers – but our research suggests it is more complicated than that.”

“Many of the joint commissioners in this study struggled to say what makes joint commissioning distinct from other ways of working, or what it achieves in terms of outcomes.

“Rather than seeing joint commissioning as a discrete way of organising that produces certain results, perhaps we should see it as a more general way of bringing partners together and helping to mobilise staff locally.”

Warning that joint commissioning and joint working could become even harder in the future, the report states: “Many of our case study sites have been trying to work together for many years, and have built significant expertise and trust over time.

“However, as financial pressures increase there is a danger that some agencies could retreat back into their own organisational and professional identities, and that joint working could suffer.”

The report warned that as structures change there is a real risk that previous relationships and organisational memory will be lost while fully integrated commissioning organisations such as PCT-based care trusts may also cease to exist in their current form.

“It would be ironic in the extreme if broader policy began to emphasise the importance of integrated care at exactly the same time that clinical commissioning led to the breakup of some of our most integrates structures and systems,” the report states. “There seems a real risk of throwing the baby out with the bath water, and a key test of the current reforms will be their ability to build on what is already working well rather than undermining existing joint work.”

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Notes to editors

The full report is available here: **http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1806-260_V02.pdf (http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1806-260_V02.pdf)**

The report was written by Dr Helen Dickinson, Prof Jon Glasby, and Alyson Nicholds of the Health Services Management Centre, University of Birmingham; Stephen Jeffares of the Institute of Local Government Studies, University of Birmingham, Suzanne Robinson, Curtin University, Perth, Australia, and Helen Sullivan, Centre for Public Policy, University of Melbourne.

The project was funded by the National Institute for Health Research - a large, multi-faceted and nationally distributed organisation, funded through the Department of Health to improve the health and wealth of the nation through research.

The report sought to map out the range of ways in which joint commissioning is understood across five case study sites that had different types of joint commissioning arrangements.

At these sites experts investigated the types of assumptions that underpinned the relationships between the processes and practices of joint commissioning and its intended impacts.

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