

Commissioning and funding general practice

Making the case for family
care networks

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The context for change

- › Population demographics and disease trends
- › Financial challenges
- › Workforce pressures
- › Commissioning responsibilities
- › 'Burning platform'

A new approach: A population-based capitated contract (1)

- › The contract would focus on outcomes and not inputs
- › Providers would need to demonstrate that they have the capabilities to manage the contract
- › Providers would need to create new organisations to manage the contract

A new approach: A population-based capitated contract (2)

- › Providers would need to work at a scale sufficient to manage the contract without being so big that incentives for member practices were weakened
- › Providers would be able to take 'make-or-buy' decisions
- › Providers would need to develop sophisticated means for contracting and incentivising 'within network'

A new approach: A population-based capitated contract (3)

- › The new contract could stimulate GPs to work more closely with specialists
- › Integrated commissioning would be needed to implement the new contract
- › Conflicts of interest would need to be managed
- › Market regulation would need to support rather than inhibit testing of the new contract