



# Customer *Insights*

Industry intelligence in association with STAR January 2008

In the first instalment of a new monthly series looking at the industry's NHS customer-base, Pf offers insight into the commissioning function – an area of increasing significance for UK pharma.

**Name:** Tim Jones

**Role:** Project Manager, PBC collaborative in Buckinghamshire PCT

## Where does your role sit within a PCT?

I work as an independent commissioner and am contracted to the PBC collaborative using money provided by the PCT. The industry is going to more commonly find that commissioners are no longer employees – they may be self-employed or from small or major consultancies such as KPMG. From the pharma perspective, this is important as it means they are likely to be speaking to someone who's only concerned with two or three projects or disease areas, rather than the whole corporate project of the PCT. If you speak to a Director of Commissioning, or an Associate Director of Hospital or Primary Care Commissioning, they have a much broader span of interest. The kind of work that I do is much more focused. I am interested in a specific disease area, for a specific period of time. If it's not the right time and the right disease area, I'm not interested.

## What are your responsibilities and objectives?

The role has only emerged in the last 18 months with the onset of PBC. The purpose of PBC is to engage GPs in the commissioning function. My job is to co-ordinate that engagement such that our organisation has a lead role in the shaping of local health care. I am the management resource to all the GPs involved in commissioning in my collaborative.

Our PBC collaborative has a strategic purpose. My job is to shape that strategy and to improve health outcomes in specific disease areas. The sub-plot is to take care out of hospitals and bring it closer to patients' homes and into a lower-cost environment.

## How does this work in reality?

The first part of the job is to identify the disease areas that we will look at – usually on the basis of cost/benefit or potential for improvement in outcomes or patient experience. We take our

lead from the PCT strategies and priorities and pick from a menu decided at that level. I then put those choices in front of the GPs, so they can choose the areas where they want to get involved.

Once we have decided on our priorities, each disease area becomes a project. A GP lead is appointed, and my job is to support not only them but also all the other GPs in the collaborative. This takes the form of writing business cases, working on budget impact models and needs assessments.

## What does a typical working week look like?

I spend time at PCT meetings – discussing PBC issues such as budget management, policy or specific projects.

Other time is spent writing business cases. Currently, for example, I'm spending time writing a business case for changing diabetes services. We also have our own internal executive – and I have to report to those meetings. The PBC collaborative is made up

of 21 practices. We have to make sure that as we go forward with the various projects, we keep them on board.

I also work on implementing projects. Whatever we agree to do, for example, with regards to the diabetes service redesign, I have to communicate to each practice and check that they are able to implement their part.

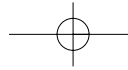
I will also write business plans for next year, which involves reviewing budgets and expenditure.

## Who are your major influencers?

The key is the Chair of the PBC collaborative. For each of the projects, the main influencers will be the lead GPs. I also act as the liaison with senior people at the PCT.

## What is your contact with pharma?

There are two areas where I have contact with pharma. The first is when we are looking at our priorities. We actually have quite



an active policy, where we cast around, looking to see if there are any pharma companies interested in supporting us.

The other aspect is once we've agreed a priority. Again we go around looking for support. This could mean helping with a budget impact model, or a commissioning toolkit. A good budget impact model may save me a week's work. That's really important.

Other contact is opportunistic – where companies get in touch with us. They may ask if they can help in a disease area that is not on our current priority list. If the level of support is sufficient that we may be able to do it, we will consider it. Our constraint is management and clinician time – it's not actually money. It's how we apportion our time to the different projects – and that could be influenced if there

was support available. If we think we may have found that support, it could move up the priority list.

**What other kinds of support can the industry provide?**

The old-fashioned stuff is still valuable – sponsorship for meetings, support with data analysis, financial support to employ a project manager. There are examples of companies actually providing project managers, and we would be prepared to look at that too.

There are skills that pharma has that are in short supply in our environment; data management, financial planning and marketing.

**Are you difficult to access?**

I've been designing support tools for years, and no-one has ever come to me with any of these

things. Nobody calls me. But they should. I am business planning for next year, and looking at resources for project management and implementation – from that point of view, I should be a person that the industry gets in touch with. You would be more likely to be able to see me than a GP.

I am not interested in drugs per se – but I am interested in whether they can help me improve a service. If someone can provide me with a budget impact model that shows how, through using their drug within a newly designed service it will improve outcomes, I am interested. If you want to change the pathway and the therapies on the pathway, that needs to go through GPs and all the other machinery rather than me. But if it is a question of getting into genuine partnerships with the industry, if you hook

up with what my priorities are and can offer the kind of support I need – come and see me.

**What advice would you give to people wanting to communicate with you?**

Look for partnership. Some companies have one support tool that they want to flog. If it's not the one I want, the conversation will be a short one. You need to know who you are talking to. People need to understand what my role is, the things I am in control of, and what I am able to influence. Be prepared: understand PBC, understand service redesign. You get a short time to impress, so you've got to know the environment. I don't expect people to know my priorities, but I do expect them to understand the context.

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