

Commissioning for Value: **Successes and challenges in creating energy for change**

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The setting

NHS Doncaster Clinical Commissioning Group.

The situation or problem

In 2012 Doncaster CCG, supported by Yorkshire and Humber Public Health Observatory (PHO) and NHS Right Care, refined its planning processes. This involved applying the insight from the Commissioning for Value Pack to develop an intelligence-driven plan focussed on improving outcomes.

The new approach was technically successful, in terms of identifying opportunities to improve the value to the local population of the money invested in healthcare. However, the CCG sought key improvements for the 2013 planning cycle in two areas:

1. More robust engagement with partners and service users, to ensure locally owned plans
2. Implementation of slicker business processes, to translate strategic plans into timely delivery

What action was taken?

Doncaster CCG used the Commissioning for Value Insight Pack as the catalyst for enhancing its commissioning approach, soundly based on evidence and with a clear emphasis on outcomes. This involved using the three-stage Right Care approach (Where to look, What to change, How to change).

The insight pack indicated where to look, demonstrating that Doncaster was in the worst quartile on outcomes, quality and resource indicators in a number of clinical areas - including respiratory and mental health.

Respiratory

The CCG commissioned Yorkshire and Humber PHO to provide a detailed focus pack on respiratory care. This clearly indicated elements of the pathway where the health community could improve outcomes: smoking, asthma management and community management of COPD. As a result, clinically-led changes were made to the pathway, including strengthening early intervention and community management.

Mental Health

The CCG undertook further work to understand the variation also identified in mental health services. This has led to a review of continuing health care, resulting in the development of improved processes and a review of mental health care in Doncaster. Due to report in November 2013, this will identify elements of the pathway where there is an imperative to change.

Despite the successes it became clear that some key challenges remained:

- There was debate about the quality and “age” of the data
- Substantial elements of clinical pathways (for example, the commissioning of smoking cessation services) are no longer the CCG’s responsibility
- Business processes could be streamlined to focus organisational capacity

In order to address these issues, significant improvements have been made to two aspects of the CCG’s strategic and business planning processes for 2013/14:

1. More effective stakeholder engagement
2. Introduction of business planning tools

What happened as a result?

Improved engagement

The greatest change in approach during 2013 has been proactive stakeholder engagement, embedding it upstream within the business cycle.

This focus is driven by a clear recognition of why it is needed:

Providers:

- Sense checking the intelligence
- Ensuring that recent developments/ redesigns are considered
- A clear understanding of what is deliverable
- Essential for translating CCG plans into delivery

Co-commissioners:

- Substantial elements of variation are the responsibility of other commissioners
- Developments in funding flows mean that more closely integrated commissioning is required
- Understanding co-commissioners' strategies/the development of locally owned plans
- Understanding the local political environment

Service users:

- Increasingly difficult decisions about health care require greater local ownership of the issues
- Bench-marked intelligence does not always consider "special circumstances" - for example, specific health issues related to children in care

As a result, co-commissioners and providers have been actively involved in CCG planning events from the outset.

At the same time, there has been structured engagement with patients and public, including community, voluntary and 'harder to reach' groups. This has involved face to face consultation, patient stories at board meetings, print and social media. More than 300 people responded to an online survey seeking views about priorities for 2014/15. Primary care and the diagnosis and treatment of cancer were deemed most important. Voters also ranked the criteria the CCG should use for making decisions:

1. Getting the best outcome for patients from their treatment
2. Quality of care
3. A good patient experience
4. Making services as local as possible
5. Value for money for the NHS

The result has been the development of robust plans which reflect not only the objective benchmarked data, but also the softer intelligence which good engagement contributes. This is helping the CCG to inject realism and pragmatism into its strategies, anticipating obstacles (such as opposition from some clinicians) which might not otherwise be apparent.

The Commissioning for Value pack and NHS Right Care approach have pointed the CCG in the right direction; the CCG is now widening engagement to ensure that the insight gained can be put to best effect by creating the right energy for change.

Improved business planning processes

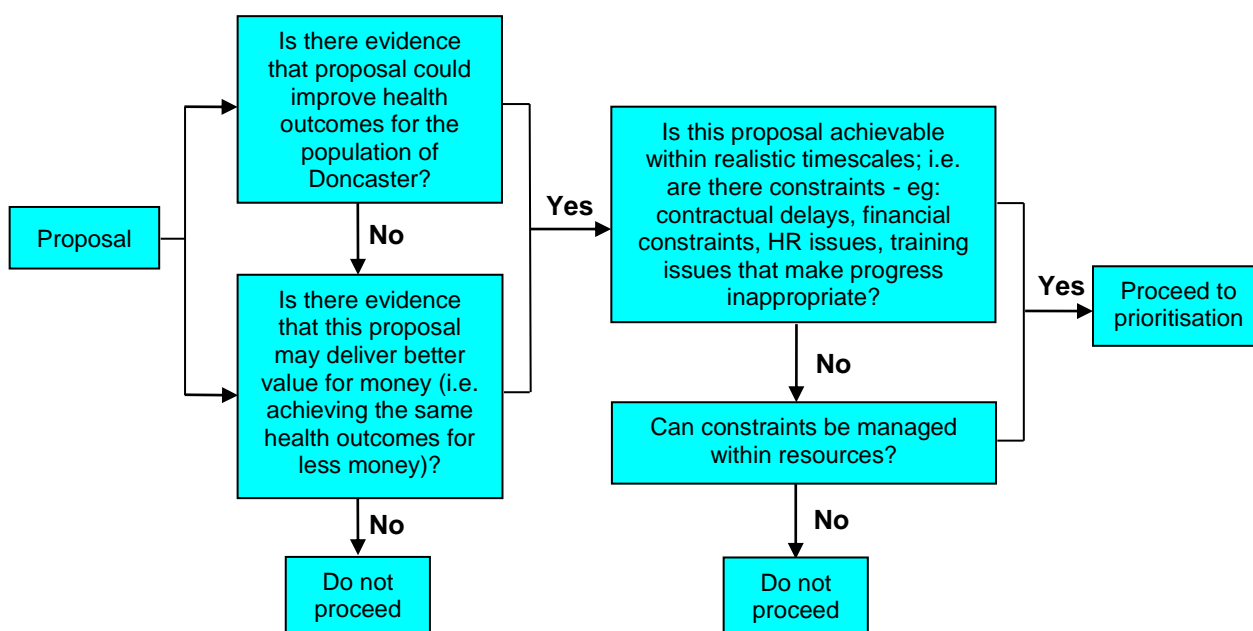
Various steps have been taken to improve planning processes. The most important of these has been the introduction of an initial assessment stage, using a standard template and decision-making process (see Figure 1). This emphasises the focus on improving health outcomes and ensures consideration and understanding at an early stage of:

- The impact on outcomes
- Resource implications
- Implementation constraints

This means that proposals which proceed to a full business case are viable and that potential obstacles are identified and managed effectively.

Figure 1: Doncaster CCG initial viability stage

Proposal	A brief description (current service or proposed change)
Summary of rationale	Include evidence of need: e.g. evidence-based guidelines, variation, case studies, valid service user engagement mechanisms
Demonstrate that this solution could impact on health outcomes	Same evidence criteria as for the rationale
Demonstrate that this solution will deliver value for money	<ul style="list-style-type: none"> - Include financial assumptions, including fixed costs, diagnostic and training costs - Cover the whole system impact and not just one part, e.g. the impact on secondary care activity of a community reform and referrals into secondary care
Outline implementation timescales; describe potential barriers	Consider constraints, for example: <ul style="list-style-type: none"> - Contractual issues such as notice periods, duplication of existing contracts, potential contracting route and the impact that will have on the market - Training, e.g. minimum numbers of procedures to maintain clinical competency



Any learning as a result of this experience?

The Commissioning for Value packs drive a coherent process. However, their very technical approach raises the risk of forgetting the human dimensions of change. Both CCG/CSU staff and external stakeholders need to participate in the journey, so that they can influence, understand and subscribe to the direction of travel. Proper consideration of these factors creates energy for change. Failure to do so limits potential success.

Therefore even if providers are not directly shaping decisions, they are more likely to feel they have ownership of them if they are engaged at the right moments. This is especially important where the range of providers is limited. By the same token, contracting should not be seen as the adversarial culmination of the planning process, but as a tool within it.

Engagement also provides a sense of what is actually do-able. Even high-quality information has to be made real by relating it directly to the experience of those on the front line, both staff and patients. This enables commissioners to pick up smaller issues which are not apparent in headline data, but which matter to people.

The move from PCT to CCG has driven a step change in commissioning. The fact that GPs are used to receiving and acting upon soft intelligence through their clinical practice has helped to drive forward the new emphasis on patient engagement.

This Casebook and similar Casebooks can be found on the NHS Right Care website at www.rightcare.nhs.uk/resourcecentre.

Right Care Resource Centre

Right Care has a new resource centre where CCGs can find supporting materials describing the Commissioning for Value approach:

- Online learning videos
- “how to” guides
- Theme based Webinars
- Casebooks showing learning from early adopters
- Essential reading lists and glossary
- Tried and tested process templates to support taking the approach forward

www.rightcare.nhs.uk/resourcecentre