

Commissioning for Value: **Developing a more systematic approach to commissioning**

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The setting

NHS South Sefton and NHS Southport and Formby Clinical Commissioning Groups.

The situation or problem

By mid-2012, there was evidence that PCT commissioning had achieved some improvements in health outcomes in South Sefton and Southport and Formby. However, there was no integrated approach, leading to large numbers of individual unconnected initiatives.

There was a need for a more systematic commissioning process, in order to establish new ways of working which were more focussed and ultimately more effective.

What action was taken?

In the summer of 2012, a process was launched to embed NHS Right Care commissioning methodologies within the new CCGs for South Sefton and Southport and Formby. This began with presentations about the three-step Right Care approach¹ (where to look, what to change, how to change), promoting the use of a wide range of data sources to identify and address unwarranted variation in local healthcare².

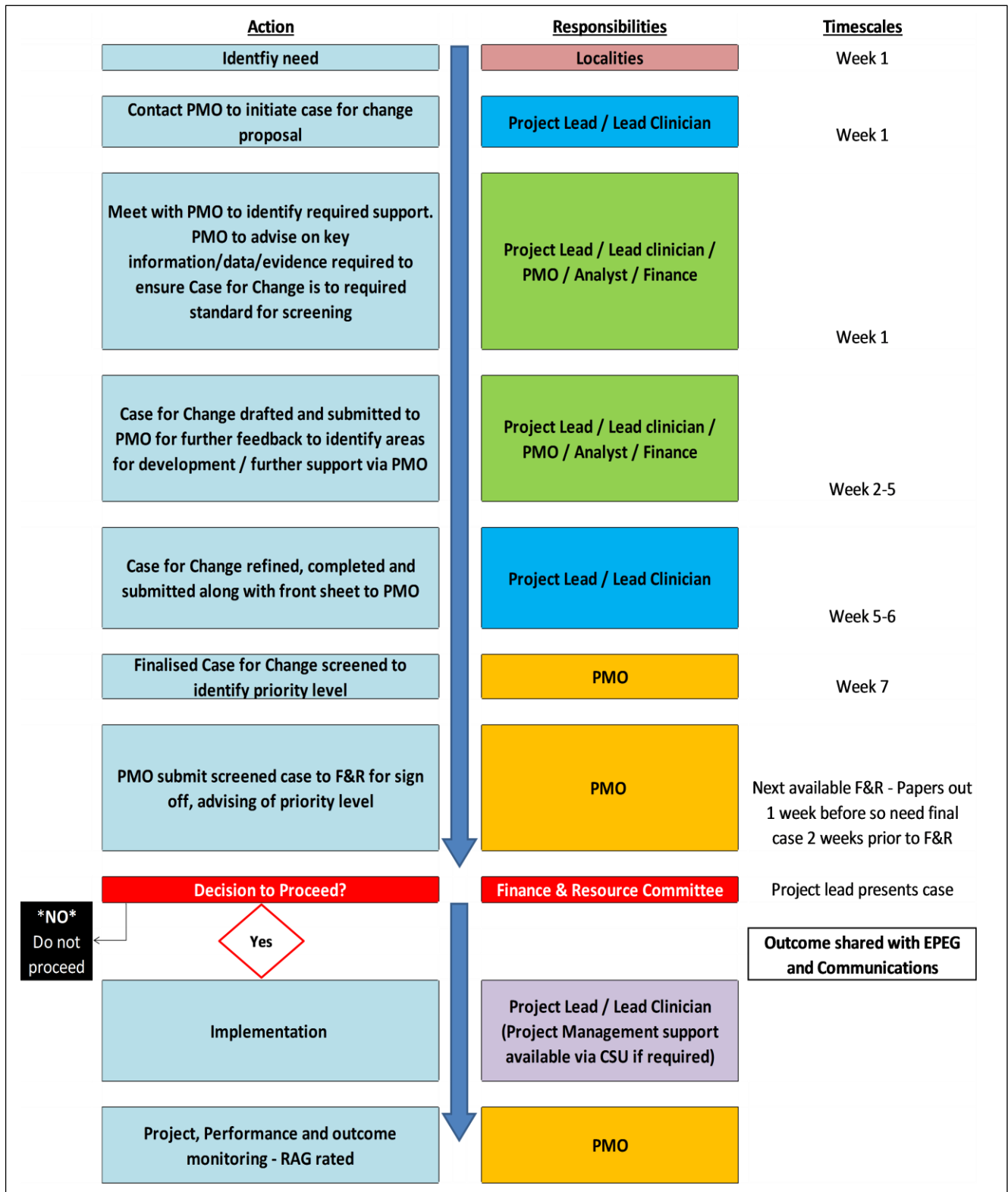
Work then began to develop a consistent process. After the concept was approved and launched in December 2012, a change manager was recruited and a Programme Management Office established as a resource centre.

To ensure consistency in the development of all commissioning intentions/cases for change, a standard pro forma was developed for every project. Information required on the form (but limited by word counts) includes:

- Relevance to the NHS Constitution/National Outcomes Framework
- Clinical and project leads
- Strategic and local context
- Data making the case for change (eg evidence of variation or poor health outcomes)
- Objectives and anticipated benefits
- Risk assessment (analysis of options including a 'do nothing' scenario)
- Financial impact (costs, savings, return on investment)
- A preferred option and the supporting reasons
- Performance indicators
- Evidence of patient engagement
- An implementation timeline with milestones
- Exit strategy (processes for disinvestment if the project fails to deliver)

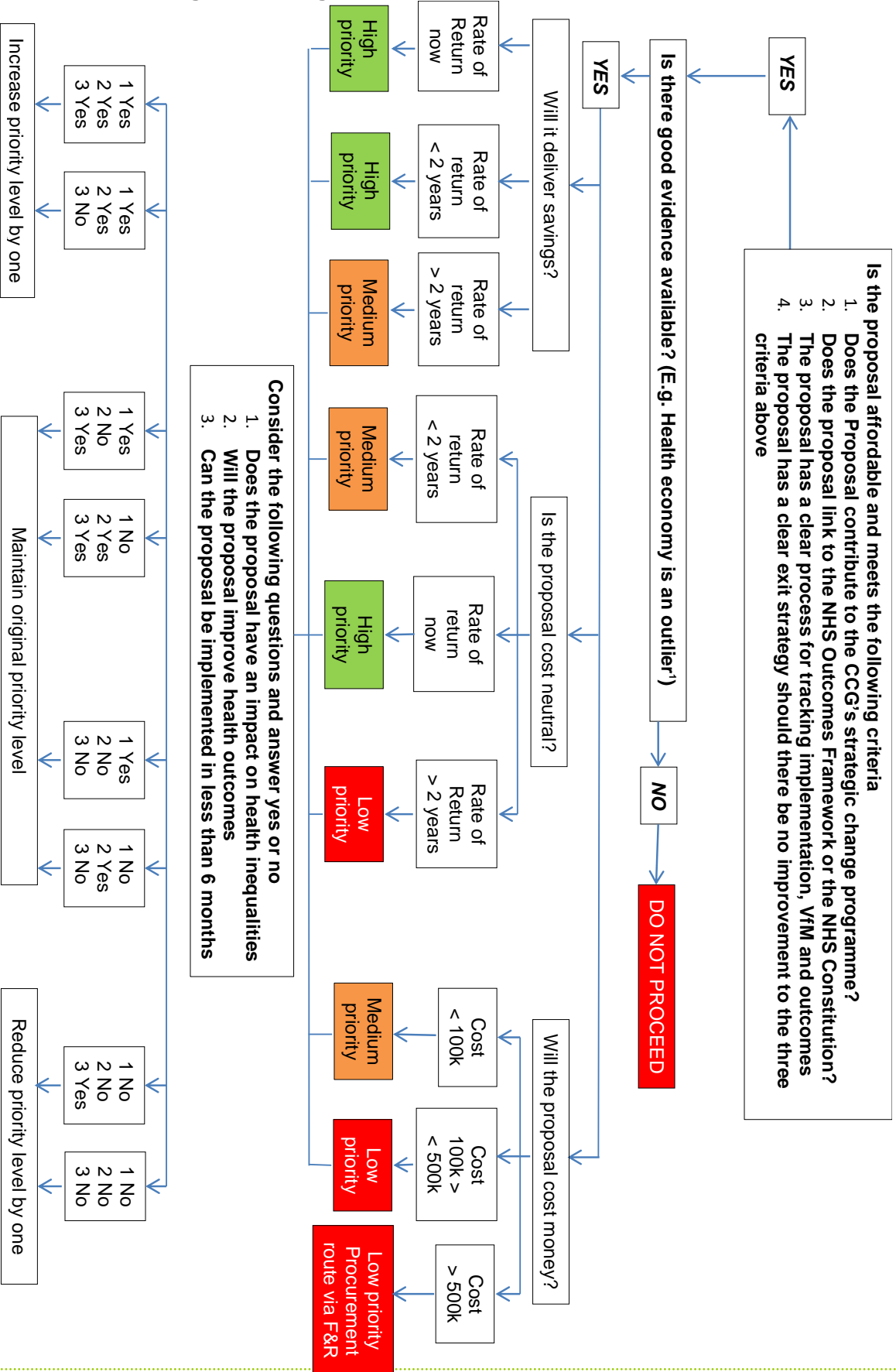
A template has also been produced setting out a clear 6-8 week timeline which every project is expected to follow, with the PMO supporting development at all stages. All cases are given a priority level (low, medium or high) as part of the screening process before going to each CCG's Finance and Resource (F&R) Committee for formal consideration. This template is shown in **Figure 1**.

Figure 1: Development process for cases for change



Decision-making within the initial screening process - including prioritisation - also follows a set structure, as shown in **Figure 2** below.

Figure 2: Case for change screening



Notes 1. Use Atlas of Variation or PMBA or equivalent

What happened as a result?

The full commissioning process was formally launched across the two CCGs at the end of September 2013, once the prioritisation framework had been agreed. As part of the development of the process, a number of projects were supported through to approval by Finance and Resource Committees during the summer. These included:

- A pilot GP care home service in Formby, providing weekly ward rounds to provide continuity of care, enhance patient experience and reduce attendances at hospital.
- A pharmacy service to review and improve medicines use in care homes in South Sefton.

The two projects are projected to save more than £30,000 and £200,000 respectively. However, the primary focus is not financial. Once approved and live, every scheme is monitored monthly and quarterly by the PMO against three criteria - clinical improvement, patient satisfaction and finance - and rated as follows:

RAG Position	Outcome
3 Green	Green
2 Green 1 Amber	Green
2 Green 1 Red	Amber
2 Amber 1 Green	Amber
3 Amber	Amber
2 Amber 1 Red	Red
2 Red 1 Amber	Red
3 Red	Red

The future of projects rated red for two consecutive quarters will be reviewed.

A comprehensive set of valuable data has now been compiled for each CCG, using Right Care methodologies and tools to identify where they are outliers. This will be used to develop and focus future commissioning intentions.

Development of the process has provided real clarity for commissioners to work within - both in terms of the expected approach and time frame.

Any learning as a result of this experience?

- The right support from the PMO ensures that commissioning intentions have been so thoroughly scrutinised and refined, that final approval becomes a formality.
- Issues such as CCG authorisation contributed to the nine-month gap between the process launch and its full approval. The time was used to produce the prioritisation framework, but this could have been completed more quickly with fewer distractions.
- GPs were better able to appreciate the advantages of a more focussed approach when they were confronted with the multiplicity of projects developed under the old system - 119 across the two CCGs.
- The new process represents a cultural change and further engagement of member practices is needed beyond CCG Boards. This will be done during 2014 through development sessions and information sharing with all local GPs.
- The need to establish strong internal ownership of the new way of working is vital to optimise value in a health economy, and led to the development of a bespoke process in South Sefton and Southport and Formby. In some CCGs this strong ownership is achieved by using the standardised NHS Right Care tools, or slight amendments of them. The experience here

shows how strong ownership can be achieved via a more tailored approach. That is, the NHS Right Care approach is generic but the detail can be customised, where this adds value.

- Service providers putting their business cases through the same process need support and explanation to help them to adapt to the change of approach.
- The PMO has an important role to play in identifying where projects are NOT working, so that robust discussions can be initiated with providers about improvement or potential disinvestment. This element will be strengthened in 2014

Comments from users of the new process:

Geraldine O'Carroll, Integrated Commissioning Manager:

"The PMO provides rigour, objectivity and challenge about where the CCGs need to invest. Whilst the process is mainly evidence-based, it allows managers freedom to develop metrics where the evidence doesn't exist."

Brendan Prescott, CCG Medicines Management Lead:

"The PMO has provided both valuable guidance and advice on how to present a more compelling and clearer case for change to the Governing Body. Having a team who can bring analytical skills and add to the evidence base of a proposal - as well as providing clarity in terms of benefits and how to measure them - has been very beneficial."

References

1. www.rightcare.nhs.uk/downloads/Right_Care_Casebook_CfV_20092012.pdf
2. 'Adopt, Improve or Defend' - An AID for QIPP, NHS Right Care casebook (NHS Wigan Borough CCG, 2013)

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
- Access to a Practitioner Network

Other Casebooks in this series

Identifying “Value Opportunities” in local commissioning: Service Reviews and Business Process Engineering

Mathew Cripps, Right Care Associate and Transformation Lead (West Cheshire Clinical Commissioning Group)

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Alistair Blane, Right Care Associate, et al

Pennine MSK Partnership: A case study of an Integrating Pathway Hub (IPH) “Prime Contractor”

Paul Corrigan and Dr Alan Nye

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