

# Lessons learnt: - Commissioning for Value

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# Drivers for change...

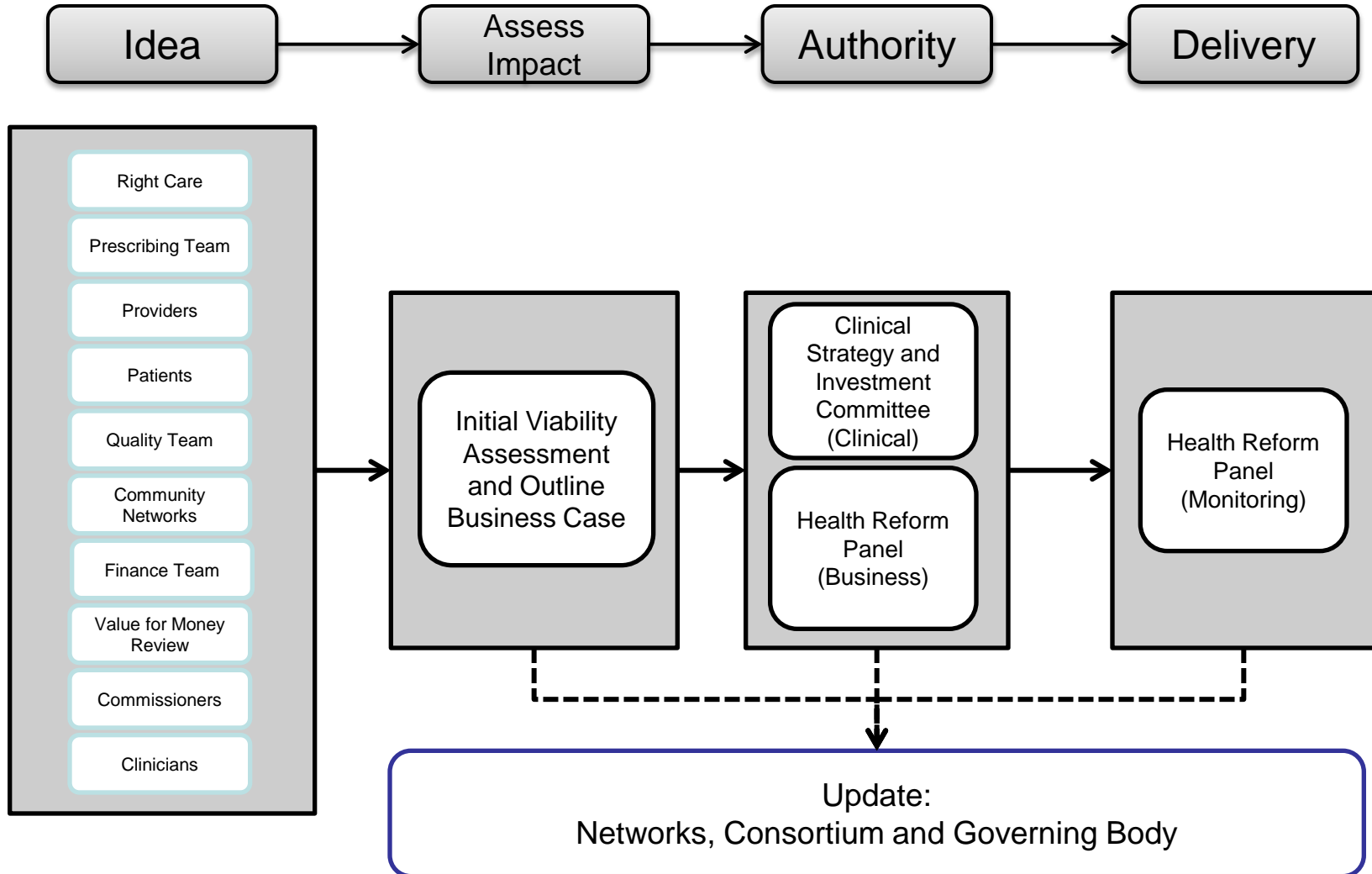
- Significant financial challenges
- Strong desire to streamline our approach to commissioning
  - Too many and only achieved about 6 out of 21 priorities
  - Need to revamp our internal prioritisation and monitoring regime
- Focus the work of our teams on areas that will generate best outcome clinically and financially
  - Combining with existing “Value for Money” assessment of existing services
- Opportunity to be early Rightcare adopter, including support from Prof. Cripps.

# Where did we start...

- Assessment of Current Projects
  - What should we stop doing?
- Assessment of Right Care Packs
  - What are we missing?
  - Benchmarked performance and areas of opportunity
- Workshops for staff, GP members and public
  - Taking people with us
- Review of existing governance,
  - One point for decisions
  - Increase transparency
- Designing the Decision Tree
  - All projects assessed against single framework



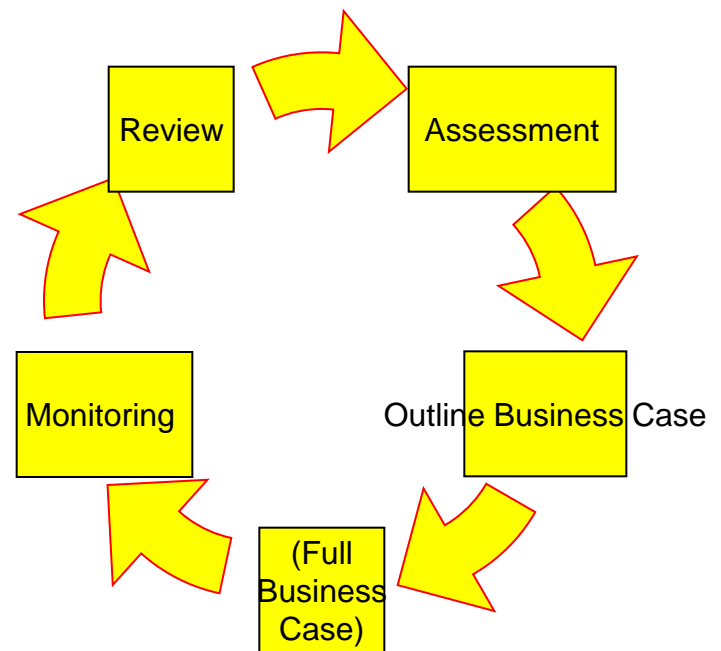
# New Approval Process





# Stages of Commissioning for Value

1. Initial Viability Assessment
2. Outline Business Case
3. (Full Business Case)
4. Monitoring
5. Post Implementation Review



# Identifying projects

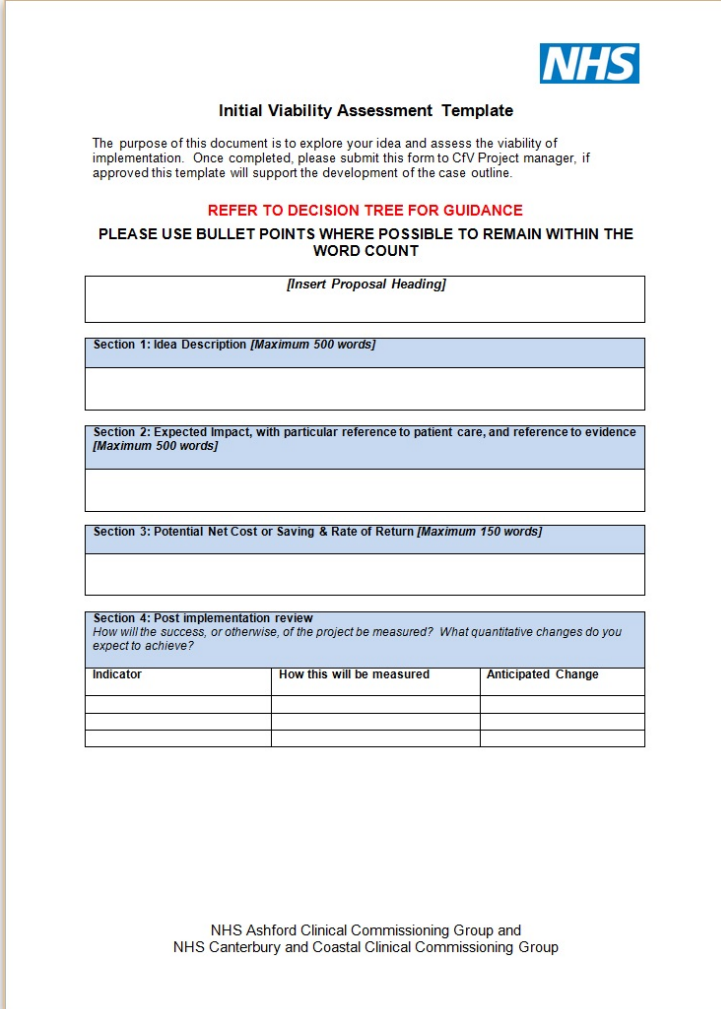
## Multiple sources for Ideas

- Commissioners
- NHS Right Care
- Prescribing Team
- Value for Money
- Quality Team
- Community Networks
- Finance Team
- Patients
- Clinicians
- Providers



# Initial Viability Assessment

- The Technical Support Group will support “commissioners” in completing the form
- The form will then be submitted CfV Project Manager
- Presented to the Health Reform Panel by CfV Project Manager for decision and identification of Project Lead.



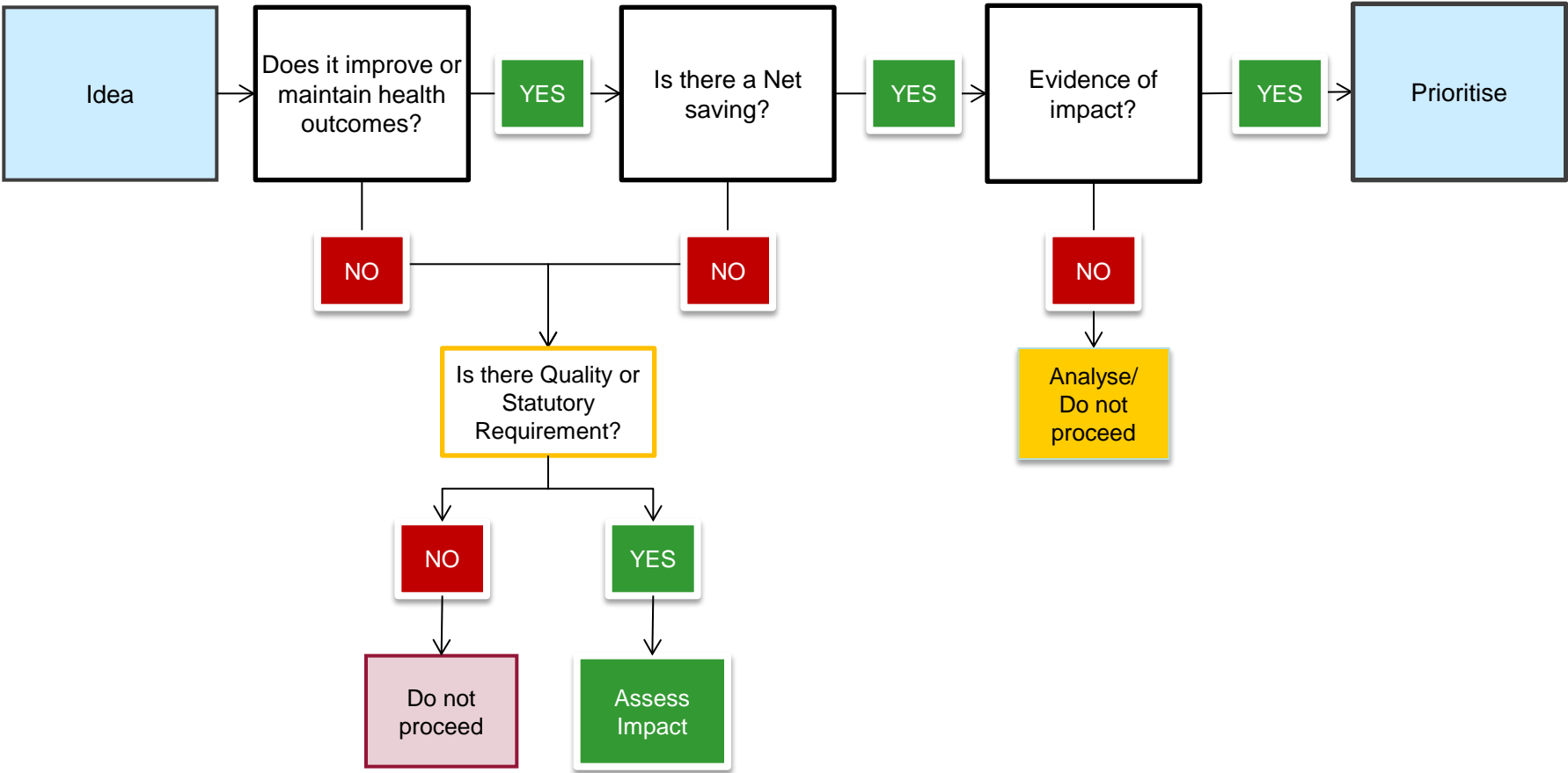
The form is titled "Initial Viability Assessment Template" and features the NHS logo in the top right corner. Below the title, there is a paragraph explaining the purpose of the document: "The purpose of this document is to explore your idea and assess the viability of implementation. Once completed, please submit this form to CfV Project manager, if approved this template will support the development of the case outline." This is followed by a red instruction: "REFER TO DECISION TREE FOR GUIDANCE" and a bold instruction: "PLEASE USE BULLET POINTS WHERE POSSIBLE TO REMAIN WITHIN THE WORD COUNT".

The form is divided into several sections, each with a blue header and a white content area:

- [Insert Proposal Heading]**: A single-line text box for the proposal heading.
- Section 1: Idea Description [Maximum 500 words]**: A text box for describing the idea.
- Section 2: Expected Impact, with particular reference to patient care, and reference to evidence [Maximum 500 words]**: A text box for describing the expected impact and evidence.
- Section 3: Potential Net Cost or Saving & Rate of Return [Maximum 150 words]**: A text box for detailing costs, savings, and return.
- Section 4: Post implementation review**: A section with a blue header containing the question: "How will the success, or otherwise, of the project be measured? What quantitative changes do you expect to achieve?". Below this is a table with three columns: "Indicator", "How this will be measured", and "Anticipated Change". The table has three empty rows for data entry.

At the bottom of the form, it states: "NHS Ashford Clinical Commissioning Group and NHS Canterbury and Coastal Clinical Commissioning Group".

# Decision Tree






# To manage an improvement programme



**...it needs to be monitored!**

# Monthly Reporting

- Once approved the project will move into the implementation and delivery phase
- The Health Reform Panel oversees progress on delivery and receives monthly reports on all the projects.
- A date will be set to complete the **Post Implementation Review**.
- Monthly Reporting will continue until the project reaches its **completion** (agreed by Health Reform Panel)



Monthly Project Update Report

<b>Project</b>		<b>Overall Status: Green</b>	
COO Lead:	Date of Report:	Reporting Period :	
Project Lead:	Author:	Ashford	Thanet
Overall Status comment:		Canterbury	SKC
Action required from Health Reform Group:			
•			

<b>Outcomes</b>		<b>Status: Green</b>
Has the criteria have been achieved fully, partially, or not at all?		
<b>Indicator</b>	<b>How is this measured</b>	<b>Outcome To Date</b>
Comment		
•		
<b>Significant action previously planned for this reporting period (Carried across from previous monthly reporting template)</b>		
<b>Action</b>	<b>Reason for action</b>	
Comment		
•		

<b>Key achievements in this reporting period</b>		<b>Status: Green</b>
<b>Action</b>	<b>Reason for action</b>	
Comment		
•		

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# Monitoring




- This is designed to be a supportive process.
- It is performance monitoring the **project** not the Project Manager
- Opportunity to seek **support** to clear blockages (escalation process)
- Better to be critical of project performance to get **assistance early**



# Post Implementation Review

- This is carried out by the CfV Project Manager with support from the Project Lead and Technical Support Group
- The form is submitted to the Health Reform Panel to review and decide the future of the project.

	
Post Implementation Review	
Meeting:	Health Reform Delivery Group
Date of Meeting:	
Agenda Item:	
Project Name:	
Reporting Officer:	

*The purpose of a Post Implementation Review is to determine whether the project was successful and produced the required deliverables within the agreed timeframe. It also considers lesson learned and highlights successes and achievements.*

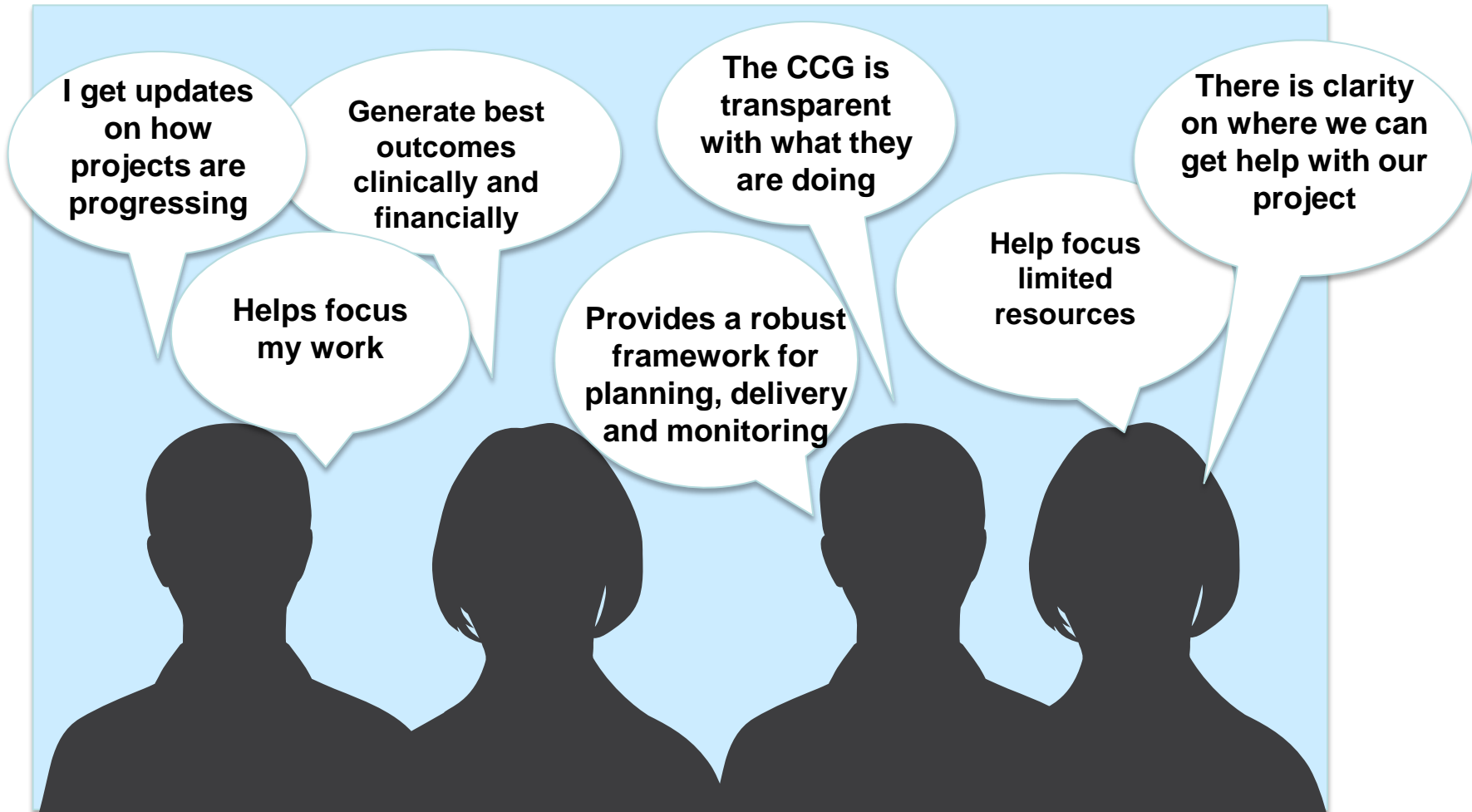
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# The PIR has 3 outcome options

- Panel outcome:
  - **Continue** – Now business as usual and contractual monitoring process put in place.
  - **Modify** – Modification to be formed and submitted to panel for agreement
  - **Cease** – Exit strategy to be implemented
- Lessons learned will be shared across projects

# What do our colleagues and public say?



# Was it worth it?

- ✓ Helps us meet CCG Improvement and Assessment Framework
  - Fits with 4/6 Clinical Priorities
  - Right Care identified these as areas of focus before IAF was published
- ✓ Helped provide answers to high pressure areas
  - MSK Triage
    - 21.8% reduction in primary care referrals in Ashford, 9.4% reduction in Canterbury
  - Dermatology
    - Establishment of pilot Advice and Guidance Service
  - Planned Care Demand Management
    - Implementation of Desk Based Referral Support tool in all practices in Ashford and Canterbury
  - Spinal Surgery/Pain Pathway
    - Establishment of enhanced Community Pain Service with target of 1 injection per year is adhered to
- ❖ **Don't underestimate impact of cultural change**

# +ve's

- When challenged, people support evidence based decision making, even when it goes against their perceived wisdom
- Development of 'whole cost' variation models - not just looking at secondary care referrals, activity and expenditure
- Introduce as part of contracting discussions across providers
- Important to introduce IVA to avoid time wasting on non-viable business cases
- Introduction of PIR process ensures new projects are fully assessed before ongoing funds are committed
- Smoother governance processes/appropriate separation of consideration of business aspect of cases from clinical assessment



