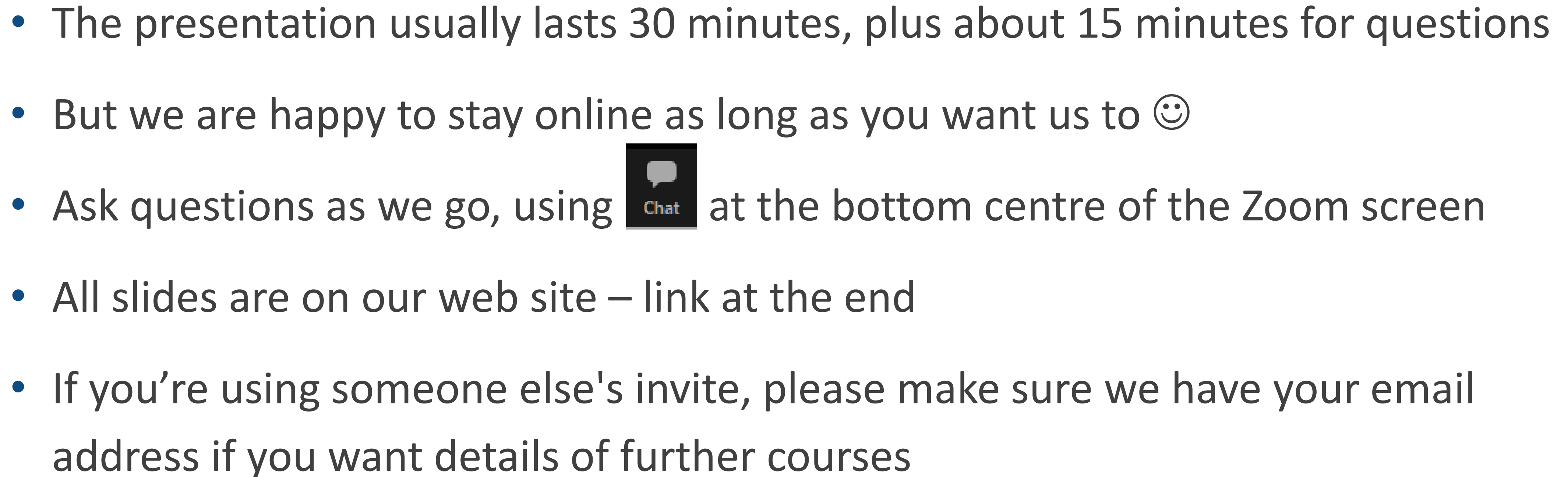
Understanding Services

Developing service models

June & July 2020

BAILEY & MOORE

Housekeeping



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What we will cover…

- Agreeing how services are delivered
- Setting out current provisions and the operational reality
- Looking at where the service fits in the wider patient pathway
- Agreeing what needs to change
- Designing shared outcomes and incentives

What do patients want?

- to see someone they trust
- who knows what they are doing and can come up with a plan to help them – as quickly as possible
- to have things explained clearly
- to know what will happen to them
- or help them to understand their options

They don't care about pathways, allocations, organisational boundaries – they want to know will this get better or not!

What do clinicians want?

- to give their patients what they need
- clarity about what outcomes should be delivered and how
- respect for their clinical judgment
- to manage patient expectations within the service - and to have a plan for any over heating

They don’t care about pathways, allocations, organisational boundaries – they want to do the best for their patients!

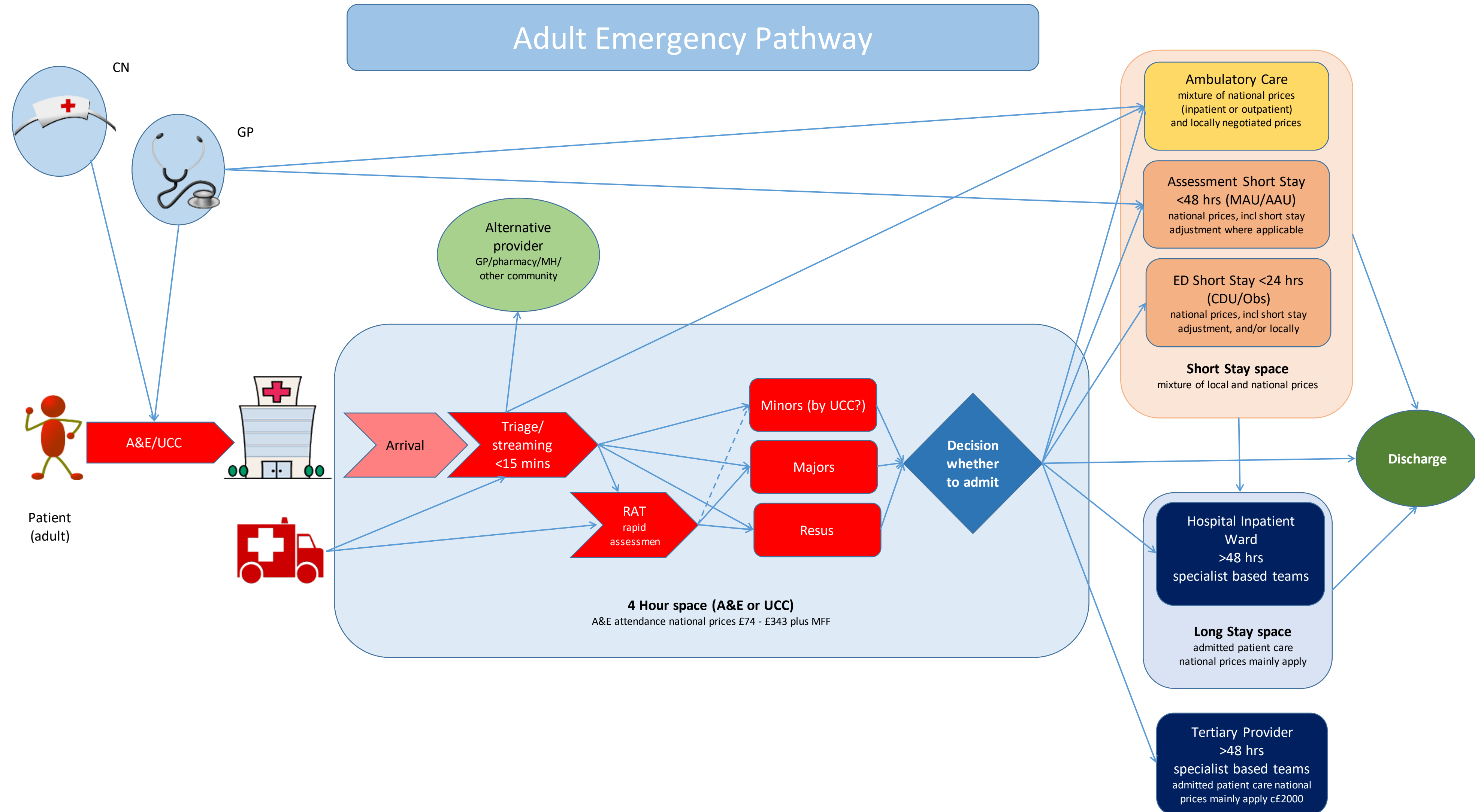
What does the ICS need?

- clarity around the services that should be provided within the system…
- and what won’t be provided…
- and to understand where it is necessary to state this explicitly
- to shift the system focus towards **key outcomes** for patients, rather than activity volumes and inputs
- assurance that clinicians/patients are content with the service model
- to leave operational issues for the provider to manage

Mapping the service – current position

- not in great detail, use a simple pathway map?
- the entry/referral points to the service i.e. how patients will get access the service, particularly self-referral
- what the steps are (what should happen to them once in)
- identify “charging points” for activity… kerrrching!
- how do users get discharged from the service?

Example of a simple pathway map



Understanding the operational reality

- a vital step when looking at more complex services is to physically walk the patient pathway with the clinician(s) involved in providing the service
- don't be tempted to skip this step - a "desk top" exercise will not give you a full understanding of the operational reality of the service
- for example, you may need to understand the restrictions that estates impose – no point specifying elements of a service must be co-located if the estate will not allow this (although this could be addressed in longer term plans)

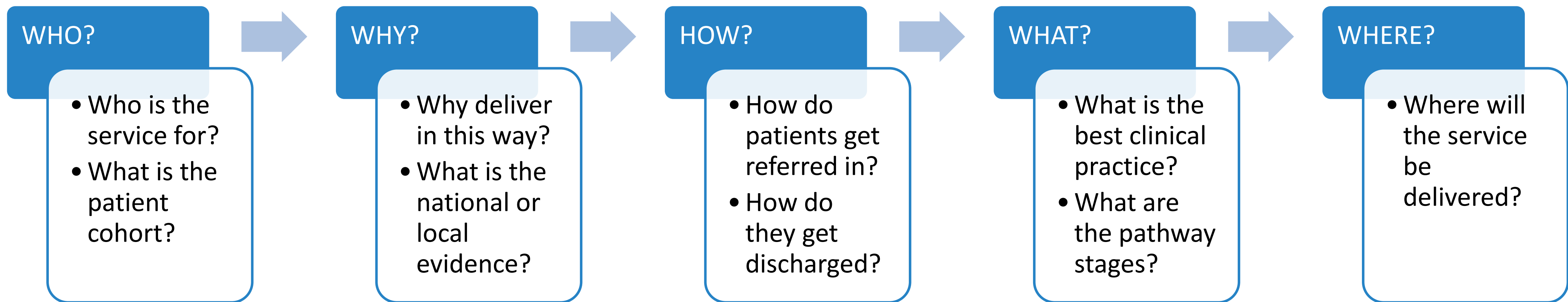
The wider patient pathway

Understand where the service sits in the wider patient pathway and requirements, gathering info from:

- local intelligence – GP groups, clinical networks, user groups
- provider intelligence… from multiple providers, links to related services
- current research, evidence, policy docs and audits
- consultation events?
- partner agencies

How should the service be delivered?

Consider



Usually set out in service specs but can be supplemented by other policies, e.g. referral policies, prior approval schemes

Identify required changes

Once you have established a baseline, you can consider what changes and developments you agree to include, remembering that:

- service, safety and quality is at the core of the specification
- there may be restrictions imposed, such as legislation or contract guidance that determines how the service should be delivered, for example RTT, Choice
- also involving service managers, information, finance and contracting colleagues at the earliest opportunity will avoid "surprises"

Designing the service

- include measurable, auditable, clearly stated outcomes – remembering that inputs are not outcomes! More on outcomes next…
- identify protocols or criteria that might be needed to ensure the service is delivered as envisaged (such as eligibility criteria and restrictions)
- once the service delivery is understood, consider how to measure delivery, quality and outcomes, not just volumes of activity - identify the key metrics
- fully document the new service so there is clarity and understanding (see US2)

Designing the outcomes… start with

NHS Outcomes Framework Domains & Indicators

Sets out high-level national key outcomes:

Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill-health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework

Inputs vs outcomes – realising benefits

Important to define measurable outcomes as precisely as possible

- *some* is not a number
- *soon* is not a time

Improve life expectancy?

OR

Reduce premature mortality by 3 years by 2024?

Inputs are NOT outcomes

Outputs are NOT outcomes

What are the desired outcomes?

Choose a school…

School A	employs 150 staff
School B	delivered 55,000 lessons last year
School C	85% of students achieved A-C at GCSE

What are the desired outcomes?

Now choose a hospital…

Trust A	employs 3,200 staff
Trust B	delivered 105,000 A&E attendances last year
Trust C	was in the lowest 10% nationally for emergency readmissions last year

What are the desired outcomes?

Which of these is an **outcome** from an investment in the smoking cessation service?

Successfully recruited 3 WTE smoking cessation advisers
Increased the number of patients successfully quitting smoking by 15% compared to last year
Reduced the county’s mortality rate from respiratory and cardiovascular disease to below the average for England

Designing shared outcomes and incentives

- What is best clinical practice - use evidence and research
- Outcomes can be secured by key steps in a pathway – eg ED: streaming within 15 minutes, be seen by senior decision-maker within first hour
- What are the key KPIs/metrics that show the service is being delivered as commissioned and the outcomes are as required? eg AEC – 90% of DVTs treated as non-admitted care
- Use blended payments or local pricing to incentivise outcomes

Example of key outcomes

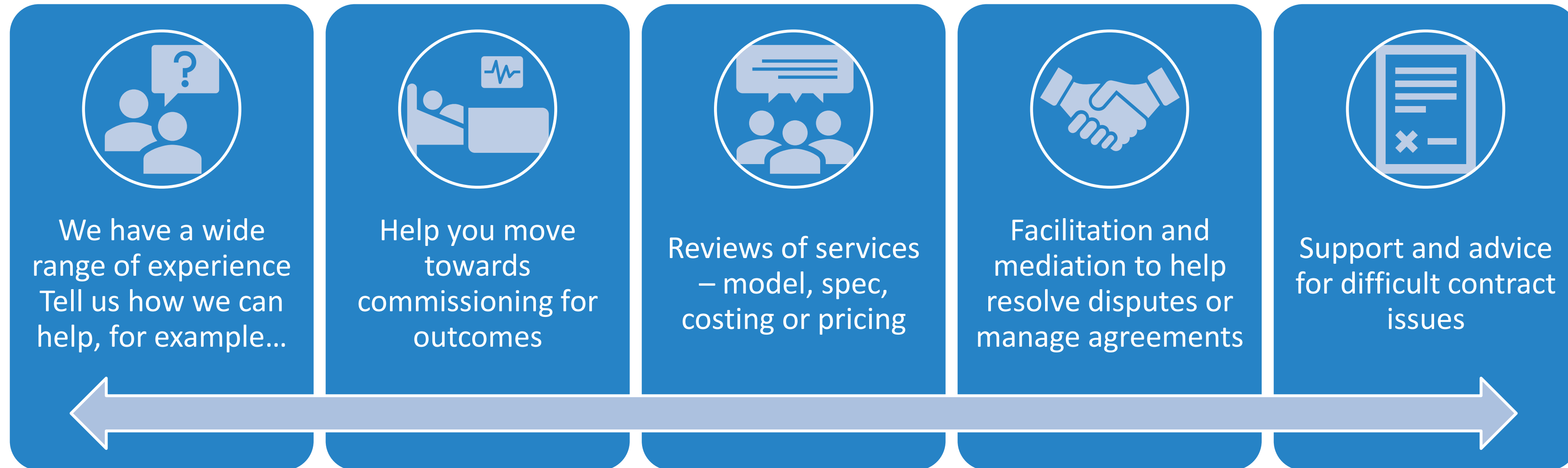
Adult CF (national specification, excerpt)

Domain 1	**Preventing people from dying prematurely**
Forced Expiratory Volume in 1 second (FEV1)	Number of patients and % with FEV1 >65% by age group and sex
Domain 2	**Enhancing quality of life for people with long-term conditions**
Annual review and feedback	Number and % of patients who have had a post-annual review management plan with discussion
Domain 3	**Helping people to recover from episodes of ill-health or following injury**
Mucociliary clearance therapies	Number and % of adults receiving mucociliary clearance therapies
Domain 4	**Ensuring people have a positive experience of care**
Admission to specialist unit/ward	% of patients admitted to a ward with specialist CF staff
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**
Chronic Pseudomonas Aeruginosa infection (3+ isolates between two annual data sets)	% adults with chronic pseudomonas infection

In summary…

- Start with a simple pathway map of existing/desired services
- Ensure you understand where the service sits in the wider patient pathway
- Focus on **key outcomes** for patients, rather than activity volumes/inputs
- Walk the pathway so you understand the operational reality, and
- Ensure you use a multi-disciplinary approach

Can we help?



We have almost 30 years' experience at senior level within the NHS and can provide practical support across a wide range of issues

Email us at info@baileyandmoore.com to discuss how we could help

Other courses we offer include

- *Step by step guide to writing a service specification*
- *Outcomes-based commissioning – developing KPIs and metrics*
- *A 'how to' guide – local pricing and costing reviews*
- *The future of ICS – moving to aligned incentives*

If you are interested in these or other topics, email us at training@baileyandmoore.com and we can discuss your requirements

Thanks for listening!

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Email us with any comments or requests for training courses at:

training@baileyandmoore.com

Slides available at:

http://baileyandmoore.com/resources/training-slides/