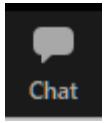
Understanding Services

writing a service specification

June & July 2020

BAILEY & MOORE

Housekeeping

- The presentation usually lasts 30 minutes, plus about 15 minutes for questions
- But we are happy to stay online as long as you want us to ☺
- Ask questions as we go, using 

at the bottom centre of the Zoom screen
- All slides are on our web site – link at the end
- If you're using someone else's invite, please make sure we have your email address if you want details of further courses

What we will cover…

- Simple pathway charts
- Getting the right people in the room
- How to avoid reinventing the wheel
- Designing shared outcomes and incentives
- More formal documents
- Tips and checklist for completion

What is a service spec?

It could be:

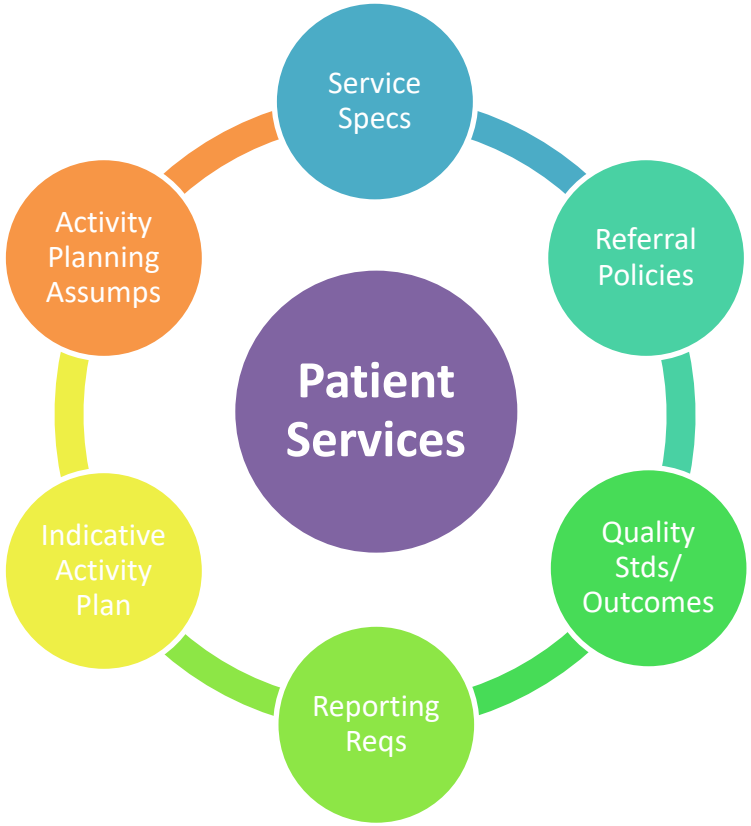
- a detailed policy or procedure
- a description of a process
- a simple map of a pathway

And may be:

- condition specific - eg MH for young people
- pathway specific - eg emergency access

Whatever sets out the way services should be provided and sets out the expectations for all parties

Where do service specs fit in the Contract?



Why do we need service specs?

- Developing/revising a spec will support other reviews – cost, quality, QIPP, etc.
- Sets out part of the wider plan
- Shows the context in which services sit – promotes consideration of the whole pathway and links to other services (eg AEC/ED)
- Good for patients and clinicians – clear about what is possible/not possible
- Clarity of services = good commissioning

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

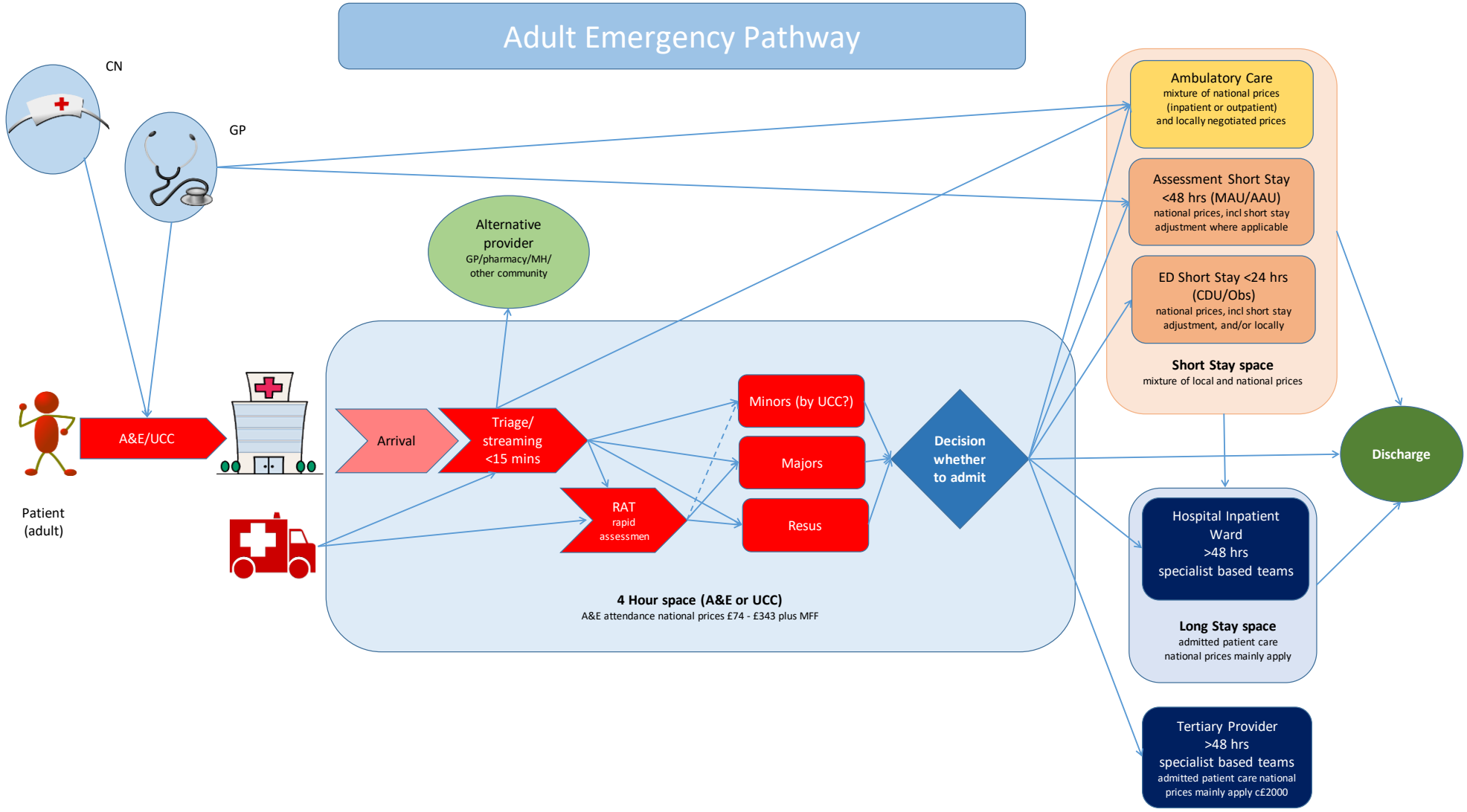
Produce a simple map or process chart, being clear about:

- entry/referral points to the service - how patients will get **IN** to the service
- what happens once they are in – what **PROCESSES** and **STEPS** are required
- what happens at the end of the pathway - how **DISCHARGED** from the service

And identifying:

- “kerrching” moments - £££
- protocols or criteria that need to be specified, e.g. eligibility, age, referral route

Example of a simple pathway map



Getting the right people in the room

- Best specs have **strong clinical involvement** – otherwise it may become a desktop exercise
- Development of ICS means that **providers and commissioners should work together**
- **It's a team effort** – commissioning, contracts, quality, finance, BI need to work together to produce a rounded spec. Talk to clinical colleagues with one voice. Don't work in isolation!
- Process and resources required depend on the **value/complexity/risk associated with service**
- **May require consultation and scrutiny** and number of drafts before it before it can be agreed, ensuring it reflects the views of stakeholders and is ready to be used by the provider
- **Get buy in** – spec won't happen if the clinicians, finance or service managers don't want it to… it will work best as a joint effort, so make sure everyone is involved

How to avoid…


Despite being cautioned against it, Derek went ahead and reinvented the wheel
Shovel

…reinventing the wheel

- Work with other CCGs/ICS to use what is already out there
- Clinical networks can help over a larger geography
- Consider a peer review process to learn from each other
- Consider how specs relate to each other, e.g. cardiac rehab and heart failure rehab services – is an overarching spec or policy needed? Are you sure there is no duplication/overlap?
- Share with other CCGs – we have offered to "host" a library of specs, so send them to info@baileyandmoore.com and we will host them on our website
- Ask Dr Google – there is a lot of clinical evidence out there!

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

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

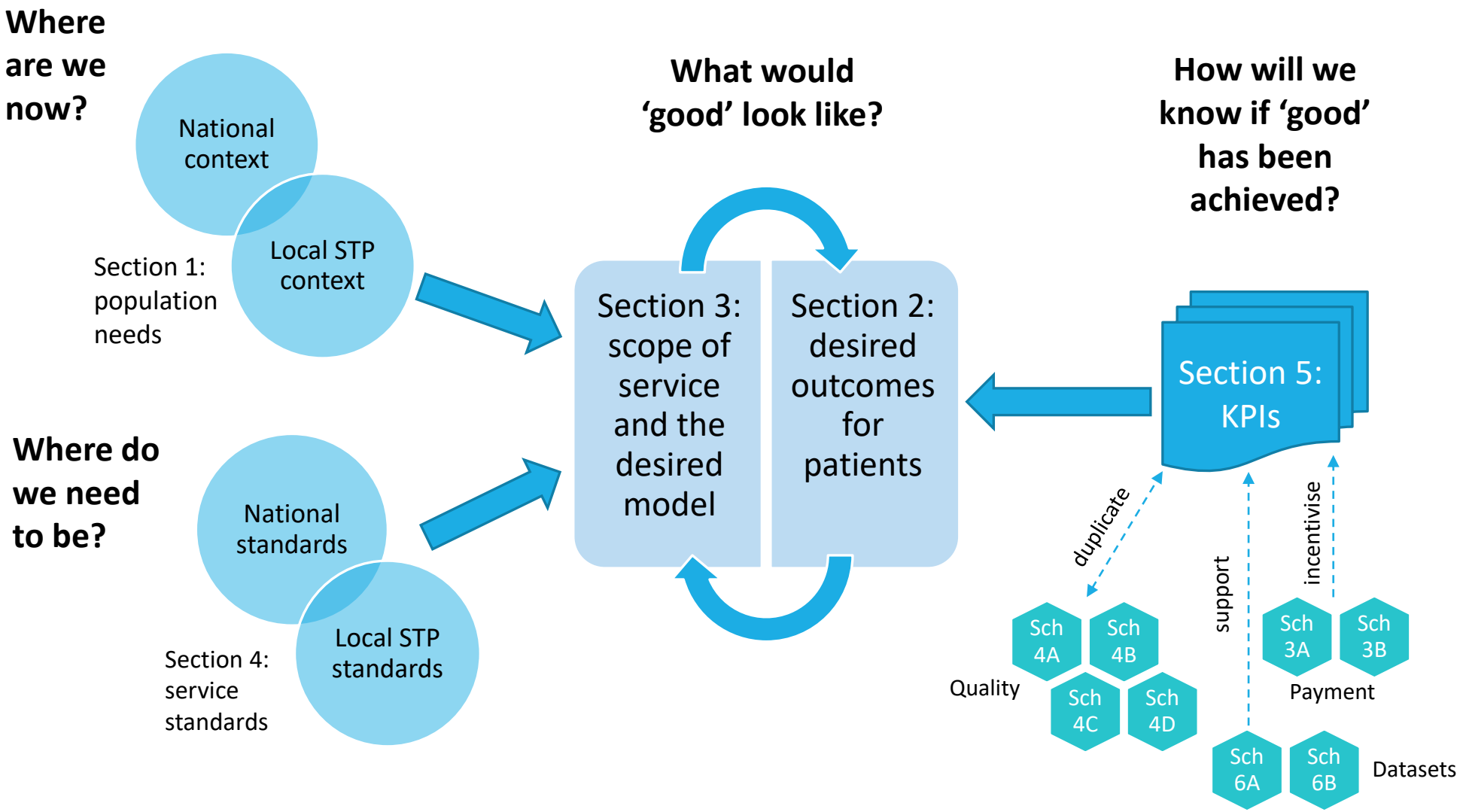
NHS Outcomes Framework Domains & Indicators

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

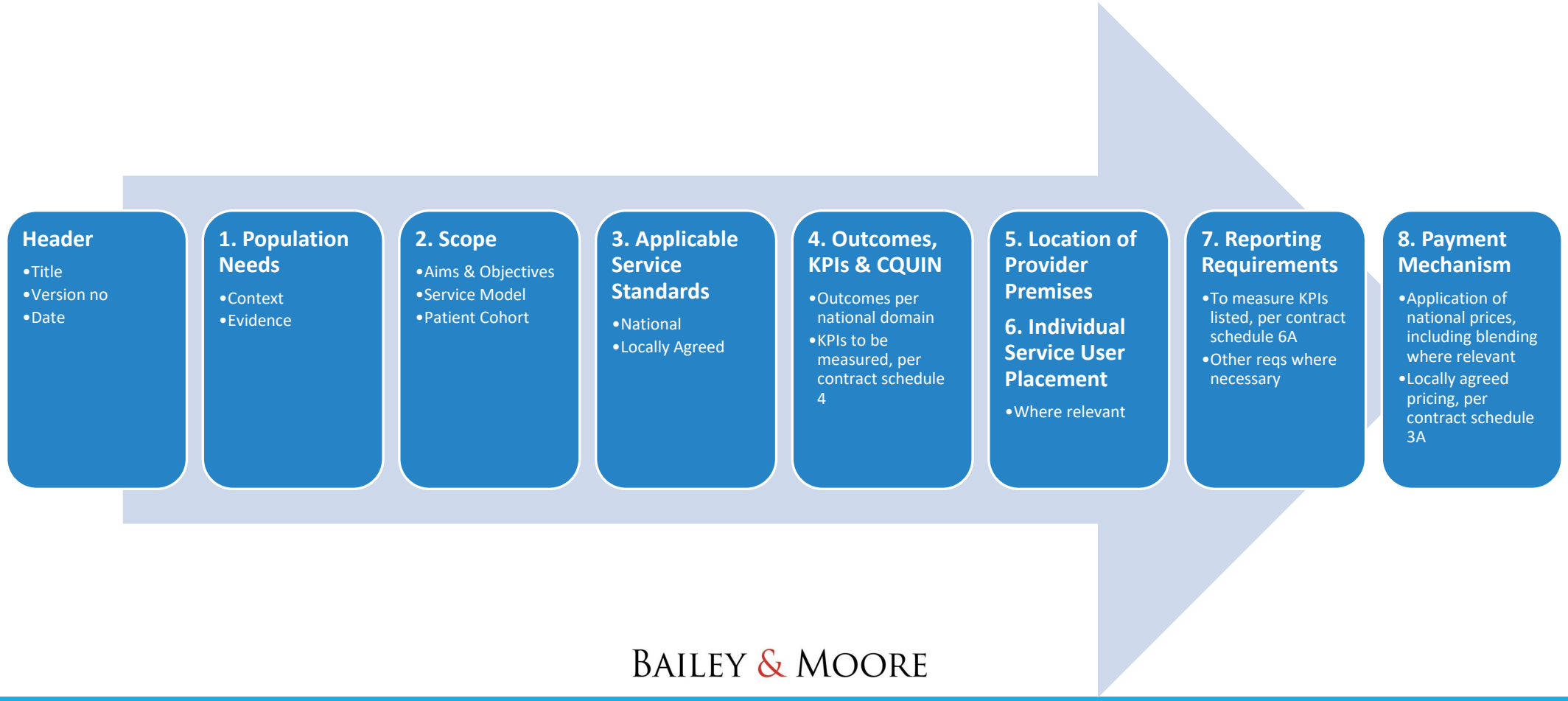
Contract standard format for service specs



Simpler format

- We use a slightly different format, based on the non-mandatory template
- But clients find it clearer/easier to populate
- Our full-length training course on writing a service spec goes into this in more detail
- This is our suggestion for a more logical format…

Simpler format for service specs



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Tips… some “dos and don’ts”

- **Keep it as brief as possible** – TG 36.7:

  *“A specification should not be a detailed operational policy for a service; specifications that are no longer than **4-5 pages may be sufficient** ☺, especially if they focus on the outcomes required from the service rather than the inputs.”*
- **Avoid generic statements such as** *“we constantly need to review our population against how care is delivered for similar populations to ensure we are effective in our use of clinical and patient time for the whole population”* Not required in a spec, save the generic stuff for strategic documents etc
- **Make it a standalone doc** – TG 36.9 says don’t duplicate info from other parts of the contract, but we recommend you do where necessary, so it can be shared. Watch version control!
- **Obviously** – don’t contradict the national terms (General Conditions or Service Conditions)

Tips… some “dos and don’ts”

- **Get it agreed** – before the service/contract starts preferably!
- **Respect the experts** – read the document as if you were one of the clinicians involved. Is it necessary to say “respect the service user” or how many band 5s are needed?
- **Remember this will be a working document for clinicians** – don’t treat it like a desktop exercise to secure financial benefits

Tips… some “dos and don’ts”

- **Limited number of robust metrics** – Make sure the information required is clearly stated in the spec. A few well-targeted metrics will tell you more than a long list that no-one looks at
- **Don’t fixate on bricks and mortar –** the “where” is less important than the pathway e.g. Ambulatory Care is an ethos, doesn’t matter where it is delivered. Operational matters should be provider responsibility wherever possible.
- **Or clinic hours –** ambulatory care can/should be 24 hours…
- **Beware of unintended consequences** – e.g. unmet demand, best practice tariff achievement, unaffordability…

Tips… some “dos and don’ts”

- **Allow time to circulate draft specifications** for comment, amending and re-circulating
- **Use a “guinea pig”** – it is helpful to get someone who knows nothing about the service to read it.
- **Be clear** – readers should be able to understand what it is you expect to be delivered, so avoid using jargon or local shorthand to describe the service.

This is not a quick process!

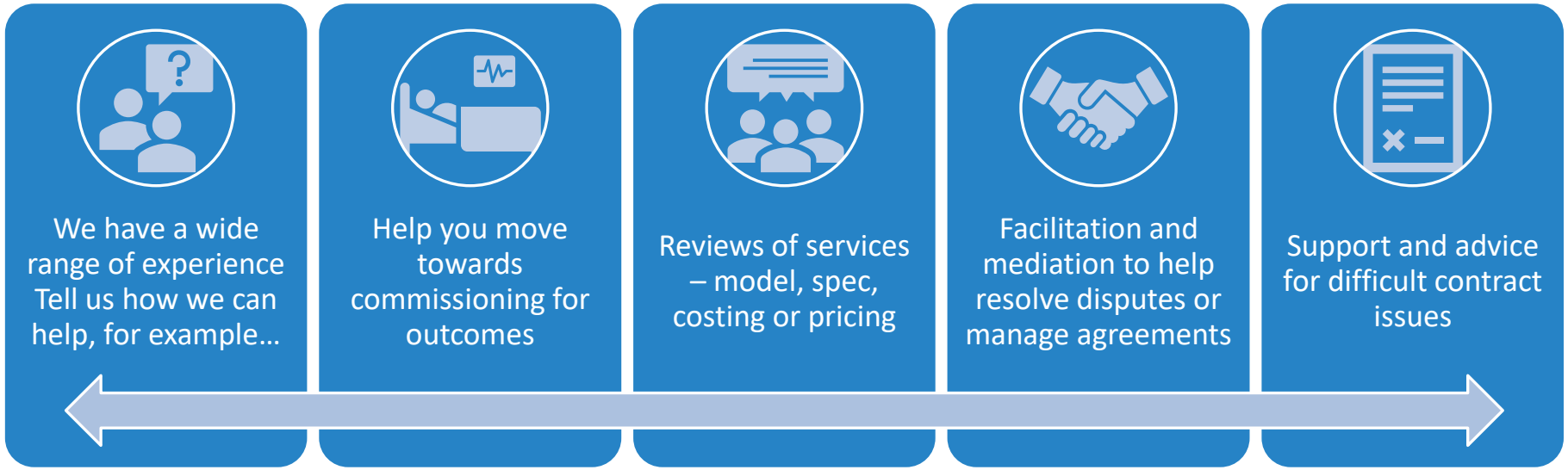
Checklist - before the spec is ready to use

- Is specification still current? Things can change during development.
- Is the specification consistent with contract terms and national guidance?
- Is the service specified affordable within the system funds?
- Does the specification reflect the operational reality, for example estates?
- What preparation is needed to ensure that service users and stakeholders are ready for any changes?
- If significant changes are proposed, will staff be materially affected, and will sufficient notice be given e.g. to allow for TUPE processes?

In summary…

- It’s not just about the contract documentation…
- Ensuring clear agreement about the desired pathway will help shift the system focus towards **key outcomes** for patients, rather than activity volumes/inputs
- Understanding the service supports the understanding of system costs
- It is not a quick process and requires 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

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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/