forum for the future
action for a sustainable world

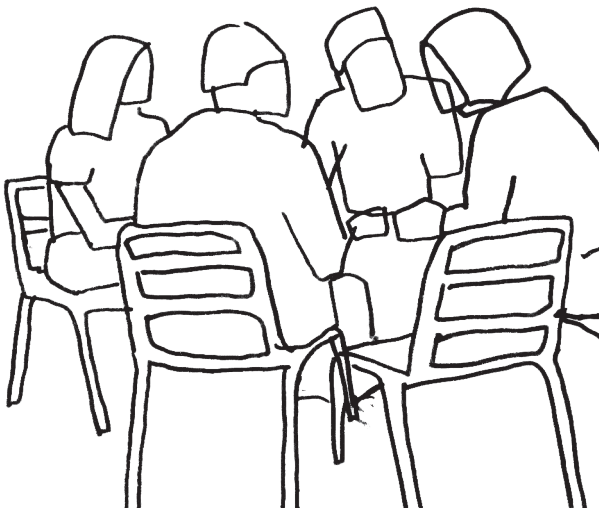
NHS
Institute for Innovation and Improvement

CENTRE for SUSTAINABLE HEALTHCARE
inspire • empower • transform

SUSTAINABLE SYSTEM-WIDE COMMISSIONING

HOW A WHOLE SYSTEM APPROACH LEADS TO MORE SUSTAINABLE HEALTHCARE

Advice, ideas, prototype tools for Clinical Commissioning Groups



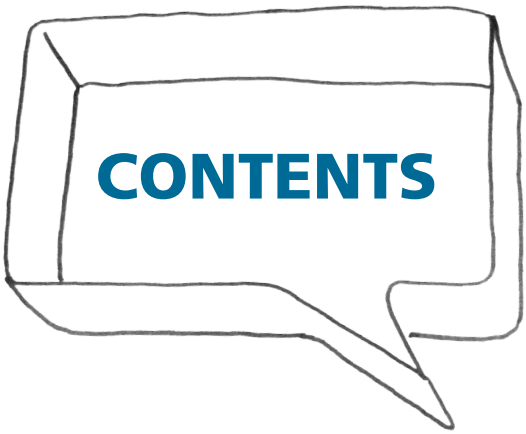
Authors

This document is co-written and researched by:

Forum for the Future (www.forumforthefuture.org)

Centre for Sustainable Healthcare (www. sustainablehealthcare.org.uk)

NHS Institute for Innovation and Improvement (www.institute.nhs.uk).



1. INTRODUCTION

Making Sustainable System-Wide Commissioning a reality

This guide and the associated tools are aimed at Clinical Commissioning Groups (CCGs) that want to deliver system-wide commissioning which will, as a consequence, lead to healthcare services that operate in a more sustainable way. Explicitly considering the wider system within which services are embedded and making improvements to services with a view to this broader context, will lead to more sustainable healthcare. The NHS needs to follow the lead that some large corporations such as Unilever and Marks & Spencer are successfully pursuing in this area.

Adopting the principles behind what is essentially a global change agenda, will strengthen the ability of CCGs to commission services and pathways that improve the quality of care, health outcomes and efficiency of services by making the best use of ***all*** resources that are available from both inside and outside the NHS.

Whilst the new structures within the NHS have yet to become fully operational, the current period of transition should be seen as a significant opportunity to change the way that things are done, rather than simply replicating what has gone before. The principles and tools outlined in this document reflect the latest thinking and approaches from both within the NHS but also take learning from the wider business community. They will be applicable whatever direction future healthcare commissioning may take. This document is designed to complement, rather than replace, other resources that have been developed to support the new commissioning infrastructure and the move to more clinically led commissioning.

What should future services look like?

This document outlines three core principles and a tool to help ensure that the best use is made of all available resources when commissioning services. If implemented, services would no longer sit as isolated components which create a fragmented frustrating experience for those who access the services. Instead, the boundaries between healthcare and social care would be blurred. Strategic priorities across health and social care would be coherent and complementary, rather than disjointed and competing. Services would be designed for now and the future, rather than simply repeating what has been provided before. Patients, staff, families, communities and voluntary organisations would work together to support everyone who has a need. Efficiencies would come from making better use of the wider resources that are available.

Unilever's Sustainable Living Plan takes responsibility for the environmental footprint of its products from the sourcing of raw materials all the way through to the consumer's use of products to cook, clean and wash. By 2020 it aims to 'decouple' the growth of the business from its environmental impact by halving the environmental footprint of its products and sourcing 100% of agricultural materials sustainably while at the same time acquiring 1 billion more customers and increasing the positive contribution it makes to society.

The well-known Marks & Spencer Plan A turned cost positive sooner than expected, leading to a greater number of public commitments and the even more stretching ambition of becoming the world's most sustainable retailer by 2015.

Capturing the learning so far

This document is a 'prototype' that captures some of the learning so far, but will need to be tested and further developed by those interested in the concepts that it outlines.

The Forum for the Future, Centre for Sustainable Healthcare and the NHS Institute for Innovation and Improvement started this work by exploring what sustainable healthcare looks like and by gathering and evaluating present-day examples of what may be considered as more 'sustainable models of care'. Some of the key points and learning from this exercise have been drawn together in the hypothetical Chronic Kidney Disease Pathway [see page 12].

The second stage of the work focussed on interviewing staff working in commissioning roles in the NHS to identify the main challenges they faced when trying to broaden the emphasis of the commissioning process to consider 'non traditional' elements. Being able to use the commissioning process as a lever to support the implementation of any number of differing agendas should be valuable, but experience shows us that there is significant inertia within commissioning systems and processes. This inertia inhibits the development of more innovative approaches to commissioning and thus the value of commissioning as a lever is diminished. Within this second stage of work, whilst identifying some of the general barriers that create this inertia, we specifically focussed on challenges related to commissioning more sustainable models of care.

Which century healthcare?

A number of studies have investigated the distinguishing features of sustainable healthcare and areas of action for developing them across the health system. The main conclusions from this work are summarised here.

The table below sums-up the distinction between 20th Century and 21st Century healthcare.[1]

20th Century Healthcare	21st Century Healthcare
Doctor-centred	Patient-centred
Patients as passive compliers	Patient as co-producer
Hospitals/ centralised delivery	Systems of care
Bureaucratic controls	Networks
Driven by finance	Driven by knowledge acquisition
High carbon	Low carbon
Focused on effectiveness	Focused on value and waste
Challenges met by growth	Challenges met by transformation

Route Map for Sustainable Health

Published by the NHS Sustainable Development Unit, the Route Map for Sustainable Health is a framework for developing a sustainable health system by 2050, in line with the QIPP agenda. It looks beyond the role of commissioning alone to identify six areas for action for the entire NHS:

1. Innovating new models of care
2. Technology
3. System governance
4. Use of resources
5. Societal behaviours and attitudes
6. Individual behaviours and attitudes.

Fit for the Future: Scenarios for Low Carbon Healthcare 2030

Commissioned by the NHS Sustainable Development Unit and sent to the Chief Executive of every healthcare Trust in England, Fit for the Future sets out four scenarios for the healthcare system in England in 2030. The scenarios aim to improve people's understanding of how climate change could affect society, health needs and service provision.

The report makes recommendations to help guide development of the NHS towards a healthcare system that's fit for a low carbon future. It recommends fostering four characteristics throughout the healthcare system:

- radical disease prevention
- promoting low carbon healthier lifestyles
- helping people take greater responsibility for their own health, and
- making greater use of information technology.

1 Muir Gray and Frances Mortimer, Centre for Sustainable Healthcare

The three 'principles' for Sustainable System-Wide Commissioning

For a number of years the need for a change in commissioning focus has been identified, with calls for greater partnership working and a focus on pathway rather than service based commissioning. Whilst there has been some positive movement in the desired direction of travel, progress has been slow. Even with an increasing emphasis on the agenda of 'integration', the majority of patients still experience an uncoordinated and fragmented NHS.

Given the financial pressure that the NHS now faces (which will remain a pressure for the foreseeable future) there is an even greater need to consider how healthcare provision can be truly transformed. Indeed, the financial situation facing the NHS may be the catalyst required for accelerating the transformation to the provision of more holistic healthcare.

Sustainable System-Wide Commissioning will enable CCGs to develop models of care that are aligned within a wider context and do not purely focus on making small scale, point efficiency gains. Instead, the focus will be on making changes that span the healthcare, social care and self care environments, with the emphasis on how the whole system can become significantly more efficient and the quality of care improved. Our research suggests that this is difficult to do in practice because three implicit sustainability principles related to Sustainable System-Wide Commissioning are not being used in a *deliberate* way;

1. **Consider the whole system**
2. **Make use of *all* available resources**
3. **Think about the longer term**

1. Consider the whole system

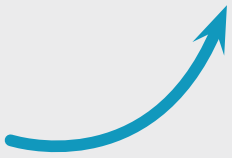
Given the complexity of the commissioning process and volume of decisions that need to be taken when commissioning services, maintaining a whole system perspective can be challenging. Often, even when there is a desire to change the way that services are commissioned, the emphasis still defaults to a contracts management relationship. Clearly the practical aspects of the commissioning process are vital, but on their own they are not enough. There needs to be a focus on pathways that cross organisational boundaries, both between acute and community care, but also between health and social care. We know that a focus on pathways produces both better outcomes and a better patient experience. The collaboration that is at the heart of a pathway approach to commissioning needs to be extended so that the wider health context is considered.

The divisions between healthcare and the wider social care system are artificial, and the result of the way in which organisations are both set up and funded. People have many interrelated needs that cross these organisational borders that have been artificially created. The NHS disproportionately picks up the bill for wider societal health issues like air pollution, poor nutrition and inactive lifestyles. Consequently, the NHS has a larger stake than most in supporting innovative approaches that can deliver wider health improvements. The diagram below summarises these growing pressures and constraints on the health system – and as their impacts are increasingly felt - the mounting case for considering them when commissioning healthcare.

Summary of changes in the operating context for the NHS in the 21st century:

Declining

- Medium term public sector and NGO budgets
- Availability of raw materials for healthcare as demand starts to outstrip supply (e.g. metals, cotton, rubber)
- Ecosystem services (e.g. pollination, fertile soil)
- Stability in the global climate and the well documented impact this will have on health.



Rising

- Demand on health services, fuelled by a growing, less healthy, aging population with numerous co-morbidities;
- Expectations around quality of clinical outcomes, and experience of using healthcare services;
- Financial costs of healthcare
- Cost of carbon as it is internalised through the Carbon Reduction Commitment and UK

Only by considering and acting on some of these wider determinants of health, will Sustainable System-Wide Commissioning be able to realise its potential.

2. Make use of all available resources

Traditionally only three resources are considered when designing healthcare services; financial, employee and infrastructure. The resources that are considered are usually NHS controlled and do not seek to leverage important opportunities for collaboration and integration with organisations outside the NHS, for example with social care or third sector organisations. Often developments to services miss opportunities to support other strategic priorities and can inadvertently actively undermine them. Joining up priorities and considering how they interact and can be mutually supportive is essential; for example, ensuring that actions to increase patient-centred care reinforce personal responsibility and decisions to bring care closer to home, also reduce services' running costs and carbon footprint (and don't unintentionally add to these).

The Seven Capitals Matrix

The way we manage resources is influenced by how we define them. The Seven Capitals Matrix is a holistic way of identifying the resources available to the NHS for delivering health improvement. It is based on the 'Five Capitals Framework' which has been used by public and private sector organisations to make more sustainable decisions for over twelve years. The matrix can be used to complement clinical analyses of situations by enabling commissioning teams to take an integrated view of how resources are used to deliver what is required.

The matrix encompasses *al*l of the resources available for driving health improvement, including both public health and clinical domains, resources outside direct NHS control as well as those within it, and patients' role in maintaining their health and contributing to their care. This 'complete' view highlights the interrelationships between resources and enables commissioning teams to make decisions that fully use and maintain the range of resources available to them.

Summary of the seven resources available to the NHS for delivering care and achieving health outcomes:

Financial
Budget, incentives and finance, accounting models that enable healthcare delivery and health improvement. Includes non-monetary and a-typical models for exchanging and valuing resources such as professional and voluntary time banking. With no intrinsic value itself, it places a value on and enables all other capitals to be exchanged and applied where needed.

Employee
Capabilities (aptitudes, skills, knowledge) and drive (values and motivations) of qualified staff to deliver high quality patient care. For example, availability of skilled and motivated staff within the health service or to recruit from UK or internationally.

Patient
Patients' commitment, skills, understanding and confidence to look after their health, contribute to treatments and initiate access to services based on agreed thresholds or unforeseen need. For example, patients' ability to modify the causes of ill health.

Community
Patients' social support networks that underpin healthy, independent living such as families and friends, charities, facilitated relationships with local government support services and other patients. Includes both informal and informal relationships with individuals and organisations.

Staff networks
Professional and multi-stakeholder relationships that enable knowledge to be applied effectively to deliver healthcare and health improvement. Includes both formal and informal connections between clinical staff, with experts in other fields and with patients. Includes team and performance management as enablers for staff to operate as greater than the sum of their parts.

Infrastructure
The availability, quality and fitness for purpose of the health infrastructure for delivering care and enabling access to care. Includes both information and communication technologies (ICT) and physical infrastructures; both NHS systems and those outside NHS control. For example, buildings and estates, back office systems (like prescribing, appointments), staff and patient transport, medical equipment, safe home and street environments.

Natural
All aspects of the natural world that measurably affect the delivery, costs and outcomes of the healthcare system.Includes services provided by nature that contain the NHS cost burden such as clean air, fertile soil, stable climate, available water pollination, green space.
Includes the natural raw materials needed for healthcare consumables such as metals, chemicals, rubber, timber, fossil fuels, food and bio-materials.

The seven capitals interact as part of service design and operations, across pathways and in the wider health context.

To deliver high quality healthcare* and to generate patient, staff and population health.

*defining quality in terms of patient experience, clinical effectiveness and safety.

3. Think about the longer term

Using a whole systems lens gives a different perspective that can lead to fresh insights and opportunities for improvement and innovation. Considering a broader context encourages a more 'complete' view of the resources both used and available. This can encourage different and more efficient responses to meeting a new target or unmet health need, and can also surface hidden opportunities for partnership working outside the NHS. Whilst some of the trends detailed below may seem distant and irrelevant to everyday healthcare provision, thinking about the potential impact of these trends can lead to transformational new ideas for how services can be delivered. Whilst global trends are useful, it is also important to consider more local trends (e.g. population profiles, local economic situation, changes to infrastructure etc) that make up the context in which healthcare services are delivered.

Consider trends that will shape future health needs and healthcare

Below is a selection of some of the major, long-term trends that commissioning teams should consider when commissioning healthcare – particularly when developing strategy. This is not an exhaustive list. It aims to show the range of trends that will be affecting health needs and NHS operations. These trends are often not considered when making commissioning decisions. In many cases it is uncertain how these trends will develop so it is important to build-in the means to respond to new trends as they emerge.

Technological

- **Innovation in material technologies – increasing.** Innovation in material technologies is driven by rising and more volatile costs of raw materials - from biomass and food, to metals and petroleum, materials innovation is gathering pace. Industrial biotechnology and nanotechnology are breaking traditional boundaries in unpredictable ways - and with surprising results. These advances could radically disrupt the raw materials, technologies and processes used in industry - and could reshape healthcare.
- **Spread of ICT – increasing**. The digital age began in earnest around 1995. Some 15 years later, it is embedded into everyday life in the UK. The combination of this digital revolution and globalization has shaped the world more profoundly and more rapidly than any other technological development.
- **Cost of renewable technologies – decreasing**. A more rapid scaling up of renewable energy technology would lead to rapid declines in cost. With rising energy prices and rising awareness about climate change impacts, on-site micro-generation might become more popular. Decentralised energy generation is already widespread and mainstream in many European countries, most notably Denmark, the Netherlands, Sweden, Germany, Austria, Finland, Italy and Spain.

Economic

- **Oil price – high and volatile**. Production decisions by OPEC, extraction technology, geopolitics, and rising demand all drive oil prices. For example, global oil prices are being driven by the demand for cars from emerging market consumers at the moment: with the number of cars on the world's road expected to double to 1.7bn in 20 years.
- **Energy costs – increasing**. Energy prices have been volatile and rapidly rising in the past 10 years. Cost of energy affects almost all industries, especially in terms of transport costs for manufactured goods. The individual prices for different energy sources (including subsidies to those technologies) will affect which sources become more favourable in the future. The cost of renewables is starting to drop and by the year 2030 is expected to drop dramatically to contend closely with gas.
- **Food security – uncertain**. Increase in global population creates a rise in the demand for basic commodities. World food demand is projected to increase by 50% by 2030. World food supply may be 5 - 25% short of demand by 2050 due to the loss of up to 20% of food cropland. Food prices are likely to remain volatile but be on a long-term upward trend. This is likely to restrict access and affordability of food for the poor in the absence of mitigating policies.
- **Economic growth levels – uncertain.** Economic growth around the world is typically measured by GDP percentage increases by year and is important as it is an indicator for how the overall national or global economy is faring. Since the global financial crisis in 2008, growth levels in Europe, North America, Japan, and Australia have slowed. Growth emerging economies like India and China are high, so much so that China has in the past put measures in place to ensure growth does not happen too quickly.
- **Commodity prices – volatile**. The past decade has reversed a 100-year decline in resource prices because of a surge in demand for commodities. The volatility of resource prices today is at an all-time high. Food prices are likely to remain volatile but be on a long-term upward trend.

Environmental

- **Material resource scarcity – increasing.** More people, more prosperous, in more places will continue to increase demand for commodities. Demand for many resources today has moved to the point of supply inelasticity - where it is more difficult for supply to react quickly to meet rising demand – which increases the potential for volatility. In 2002 humanity was consuming ecological resources 23% faster than the earth can replenish them.
- **Water availability – decreasing**. The UN estimates that 1.2bn people worldwide do not have access to safe drinking water today and 2.8bn people in 48 countries will face water stress or scarcity conditions by 2025. McKinsey estimates that the annual pace at which water supply is added would have to increase by 140% to meet demand over the next 20 years.
- **Climate change impacts – increasing (in frequency and severity).** In the next three to four decades, we are likely to experience increasing climate change impacts based on green house gases which have already been emitted.

Political

- **Stringency of climate change regulation – increasing.** There is political and scientific consensus that we need to limit global warming to 2°C to avoid 'dangerous' climate change. However, progress on reaching a binding global agreement has been slow. Frustration at the slow speed at which global climate regulation is occurring might lead to more regionalised approaches.
- **Energy security – uncertain.** Over the past five years, the UK has moved from being almost self-sufficient on an annual basis to a situation where 40% of annual energy demand is imported. Dependence on foreign energy imports is set to grow for many countries in the future. Developing Asian economies could be importing three-quarters of their oil by 2030 – Europe even more.

Values

- **Impact investing – increasing.** Sustainability is increasingly being seen as a source of innovation and growth by investors rather than just cost reduction and risk management. This is the result of more stringent regulation and also a stronger case for socially and environmentally responsible investing (e.g. the market perceptions and valuation for green buildings changing). As debt and financial markets undergo adjustments that better reflect the role of human nature in the functioning of markets we will probably see more of a shift towards true cost accounting, which will impact on valuations, investment and risk.

Summary of section 1

Sustainable system-wide Commissioning will enable Clinical Commissioning Groups to develop models of care that are aligned within a wider context and do not seek to make small, point efficiency gains, instead making changes that make the whole system significantly more efficient. Our research suggests that this is difficult to do in practice because key principles are not being used in a *deliberate* way.

The three *implicit* sustainability principles related to Sustainable System-Wide Commissioning that are outlined above are:

1. **Consider the whole system**
2. **Make use of *all* available resources**
3. **Think about the longer term**

Explicit and deliberate consideration of these three principles will help realise the potential of Sustainable System-Wide Commissioning. In the next section, a hypothetical example is used to help bring some of the concepts that have been outlined to life.

For a comprehensive analysis of future trends that will influence how health and social care are delivered look at http://www.kingsfund.org.uk/time-to-think-differently/trends

2. WHAT DOES A SYSTEM THAT USES A SUSTAINABLE SYSTEM-WIDE APPROACH LOOK LIKE?

The diagrams below illustrate the three principles outlined above and also use the '7 capitals matrix' to highlight both current practice and how things could be different. The examples focus on a Chronic Kidney Disease pathway but are hypothetical because the data, necessary to show HOW the interventions will affect resource use, are lacking.

Patient symptoms					
No symptoms	No symptoms	Slightly unwell (e.g. tiredness)	Increasing severity of symptoms (e.g. breathless, nauseated, ankle swelling)	Dialysis restricts freedom/ ongoing medication/ side-effects/ health complications	Dialysis restricts freedom and diminishes quality of life
Healthcare services accessed					
Kidney disease undetected	GP care	Renal service, outpatient	Renal service, outpatient	Tertiary or renal centre for surgery	Dialysis unit/ home haemodialysis

Current healthcare resource use (size of circle indicates amount of resource used)

Using Sustainable System-Wide Commissioning and the three principles outlined in section 1, will help to lead to a transformed service:

Transformed resource use

A transformed service may use more resources in the early stages of the disease pathway (i.e. to try and maintain normal kidney function), but there would be savings later on in the pathway as fewer patients progress to severe disease. The transformed pathway would make the best use of all resources that are available. What these changes could mean in practice is outlined in the table below.

7 capitals	Current system	Transformed system
Financial	• Tariff incentivises face to face consultations and 'normal' treatment progression. • No incentives for prevention or reversing progression • Focus on slowing progression not reversing it • Contribution by community services to manage demand is not accounted for – so disinvestment decisions are ill-informed	• Tariffs incentivise innovative models of care • Normal is non-face to face interactions • Focus on outcomes, where reversal and prevention are the goal • Wider system involvement is recognised, encouraged and reimbursed • Accounting systems track all more information , including energy consumption to give holistic cost of care and help identify areas for improvement
Employee	• Clinical staff are frustrated because they do not know how best to support patients to make lifestyle changes that could reverse progression. • Demotivation as patients to not comply with treatment to manage progression	• Better collaborations between different specialties that may operate at different stages in the pathway. Awareness of where both staff and patients can get additional support. • More use of shared decision making and patient engagement in care will lead to increased compliance
Patient	• Not supported to engage in changing to more healthy lifestyle choices • May not take medication (e.g. to manage phosphate levels) as it is an unpleasant experience with no noticeable immediate impact that the patient can detect	• Engaged and feeling responsible and empowered to make healthier lifestyle choices • Collaborates in self monitoring, is empowered to adjust own treatments according to agreed thresholds • Awareness of longer term consequences of behavioural choices • Feeling supported and able to explore different aspects related to healthcare and their health beliefs. Support is from multiple sources (i.e. healthcare, public health, third sector etc)
Community	• Support networks in the community are of variable quality and not in every geographical area so not much use made of community resources to support individuals	• A variety of support networks are available so that individuals are able to find support that is appropriate and relevant to them
Staff networks	• Poor systems for staff treating separate but related conditions in the same patients to communicate with one another to identify early preventative interventions • Difficult for GPs to keep an overview of patients' care due to poor coordination systems with secondary care providers	• Clinical staff joined up with public health, community and third sector expertise to provide a person centred package focussed on supporting appropriate lifestyle changes • Better systems for communication and sharing information around patients, including sharing with patients.
Infrastructure	• Lack of blood test central data analysis or systematic testing means gradually declining kidney health is not detected • Tests for CKD risk factors (e.g. diabetes) are done separately and may not be cross-checked with tests for declining kidney function	• Joining up of different data sources; analysis of trends as well as individual data points • Systems are personalised, focussed on supporting individuals, and joined up at the point of contact
Natural	• Multiple, uncoordinated tests and hospital visits required travel and add to NHS carbon footprint • High use of medication and haemodialysis consumables also add to high carbon footprint for care. • Use of PVC in consumables results in pollution from manufacture and disposal	• Active consideration and awareness of the impact if healthcare delivery • Patients and staff aware and actively seek to minimise the carbon footprint within a personalised service • NHS providers collaborate with and incentivise healthcare industries to supply safe, environmentally friendly products

The previous table shows what some of the changes may look like in relation to the 7 capitals matrix. Transforming healthcare should be seen as a long term objective, and will not be an easy, 'quick fix'. The framework could be a useful tool for considering long term strategic direction for services for both commissioners and providers.

There are some short case studies outlined in Appendix 2, where changes in the way services are provided are aligned to the 7 capitals matrix. These examples are not being held up as the best practice within each area, but they are examples where services have changed, with the interesting changes within the 7 capitals that are used.

3. FROM THEORY TO ACTION

Clearly the translation of theory to practice is one of the main barriers to the transformation of healthcare that so many want to see. We are under no illusion that this translation is difficult. However, we hope that some of the principles that are outlined above will provide an accessible framework that will be useful to those who strive for the continued improvement if healthcare services and recognise that a different way of working is not only desirable, but essential.

If you are interesting in starting to apply some of the principles, then bear the following points in mind:

Policy may change, but these universal sustainability principles won't alter. The principles for delivering healthcare in a more sustainable way that form the foundation of this work are universal. The exact language and suggested applications may change but the core principles can be adapted to support other commissioning guidance that may emerge.

Adapt these high-level, prototype tools to meet your needs. The tools and principles outlined in this document are not meant to provide detailed, step by step guidance of how sustainable system-wide commission can become a reality. They are meant to provide a framework and direction of travel that can be used locally.

Use these principles to make progress during this period of transition. Whilst in some ways, the current upheaval in the healthcare system may stifle innovation and the transformation of services, the transition may also be a significant opportunity. Whilst a significant effort will be required for the new healthcare system to 'do the day job', behind many of the changes is both the recognition and the desire to do things differently. As local healthcare systems continue to engage in wider partnerships, there is the opportunity to use the principles outlined above to ensure that the opportunities for transformation are not missed.

These resources are targeted to drive improvement not compliance. As the current government annulled the 2005 UK Sustainable Development Strategy, Clinical Commissioning Groups are operating in a period of implicit, rather than explicit, policy signals related to sustainable development. These resources encourage a 'beyond compliance' approach to sustainability; offering a way of using sustainability thinking in a strategic and business-minded way to meet seemingly competing priorities.

If your Clinical Commissioning Group is interested in using and improving these resources, please contact commissioning@institute.nhs.uk

If you would like to know and learn from the challenges we encountered in producing resources for Sustainable System-Wide Commissioning during a period of flux in the NHS, the Centre for Sustainable Healthcare can discuss this and provide more information if useful.

forum for the future
action for a sustainable world

CENTRE for SUSTAINABLE HEALTHCARE
inspire • empower • transform

NHS
Institute for Innovation and Improvement

SUSTAINABLE SYSTEM-WIDE COMMISSIONING

APPENDIX 1

Suggestions for roles within a commissioning team

Authors

This document is co-written and researched by:

Forum for the Future (www.forumforthefuture.org)

Centre for Sustainable Healthcare (www.sustainablehealthcare.org.uk)

NHS Institute for Innovation and Improvement (www.institute.nhs.uk).

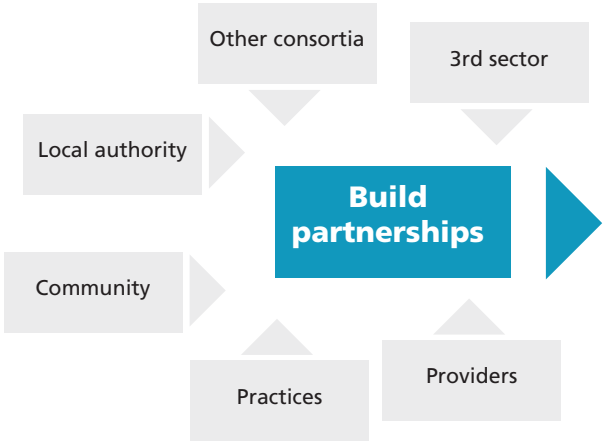
Commissioning cycle stage: 'Setting up Commissioning Arrangements'

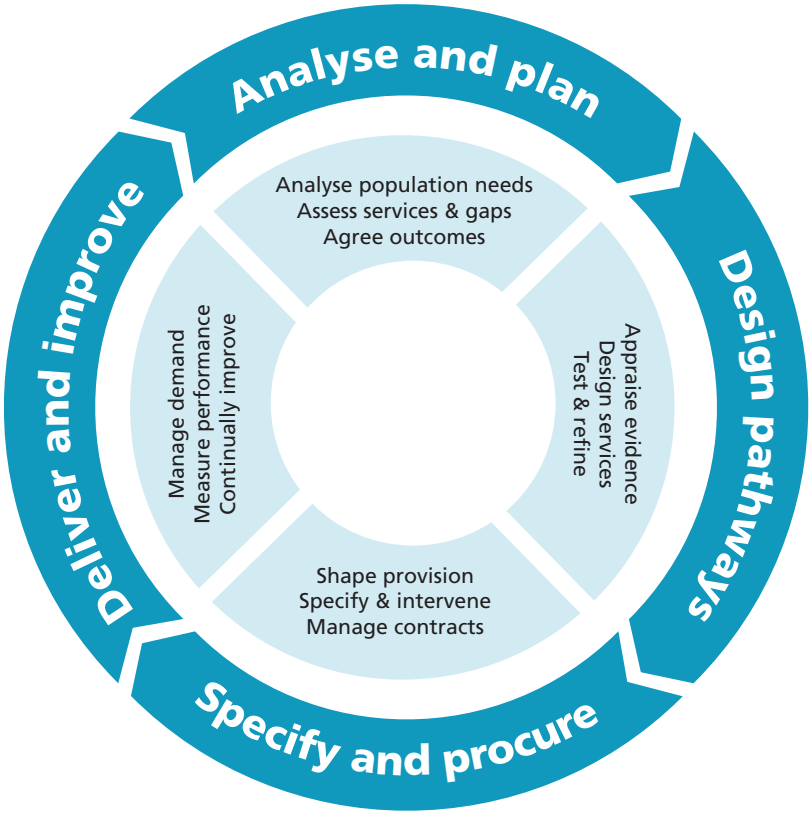
It is vital that staff on commissioning teams understand their role and professional contribution to sustainable system-wide Commissioning because it demands an inter-disciplinary approach. Sustainable models of care are the product of multiple decisions by multiple stakeholders and encompass every part of the healthcare system.

The table below outlines seven generic roles on commissioning teams and their most significant contributions to commissioning sustainable models of care. Use it as a guide and starting-point for embedding sustainability-related competencies into job descriptions. The roles are not meant to be detailed job descriptions, but just indicate some of the contributions that would need to be made to start to put sustainable system-wide commissioning into place.

These generic roles will be enacted differently in different Clinical Commissioning Groups (e.g. held by people with different job descriptions and levels of seniority) so tailor them for your particular circumstances. As a collective, these different contributions can enable commissioning teams to commission sustainable healthcare.

The roles that these individuals need to play throughout the commissioning process is also highlighted. A generic commissioning cycle (shown below) has been used for illustration.





Commissioning Team Capabilities Table

Roles on healthcare commissioning teams					
Strategic Director Sets the overall outcomes (for a population within a given geographical scale) to be delivered using the resources available.	**Clinical lead** Clinical input into all stages of the process from setting strategic priorities to pathway design to provider evaluation.	**Contracting/ Procurement manager** Manages the actual commissioning process from pathway design to service launch.	**Commissioning manager** Determines the allocation of resources to deliver agreed outcomes – and decides what to commission.	**Non - clinical specialist** Stakeholders and technical experts e.g. legal, sustainability, patient representatives need to be heavily involved throughout	**Finance** Prepares and/ or scrutinises commercial aspects of business case, specifications, and performance monitoring.
Main contributions (specifically) to sustainable commissioning					
Develop a strategic vision and direction that supports transition to sustainable healthcare. Ensure this is integrated into scrutiny processes. Raising awareness and creating culture that supports the transition to sustainable models of care.	Ensure opportunities to prevent ill-health and reduce demand for care are understood by people involved in setting outcomes and designing pathways. Flag up new clinical developments that could create a more sustainable care pathway (and trigger re-commissioning of service or pathway).	Provide constructive challenge to commissioning lead Ensure sustainable commissioning skills and knowledge are employed throughout the process. Ensure commissioning process supports delivery of agreed sustainability outcomes	Consider sustainability principles when contributing to strategic needs assessment and outcome setting. Ensure agreed outcomes of individual commissioning processes support a transition to sustainable models of care/long-term value for money. Create awareness	Provide constructive challenge to the commissioning lead. Provide intelligence to the commissioning team.	Apply/ champion a holistic definition of value for money, not just focusing on unit price single treatment cost. Use sustainability accounting models e.g. whole life costing, the cost of carbon and social indicators. Willingness / ability to try innovative financing models e.g. invest-to-save, gain-share.

The table below highlights the responsibilities held by seven generic roles, for ensuring that sustainability principles are usefully applied at each stage of the NHS III pathway commissioning cycle.

Key:
R = responsible for ensuring that sustainability principles are applied and add value to the decision
I = significant role in enabling sustainability principles to have a positive bearing on the decision.

Contributions and responsibilities of different team roles in commissioning sustainable healthcare - at each stage of the cycle							
Stage of commissioning cycle and the use of sustainability principles that's needed	**Roles played within the commissioning cycle**						**Summary of capabilities and skills needed**
	Strategic director	Clinical lead	Contracting/ Procurement manager	Commissioning manager	Non-clinical specialist (legal, patient representative)	Finance	
Analyse and Plan							
Understand interrelationship between strategic health objectives (relevant to this commission) and sustainability objectives (e.g. CO2 reduction and physical activity are both achieved by walking schemes)	**R**	**I**			**I**		General understanding of sustainability principles and understanding of long-term trends that impact on the health service (going beyond demographic trends) is needed. A shared vision and set of overarching objectives (that include sustainability objectives) for the clinical commissioning group (or scale above this) should ideally be in place and be understood by all involved in commissioning.

Stage of commissioning cycle and the use of sustainability principles that's needed	Roles played within the commissioning cycle						Summary of capabilities and skills needed
	Strategic director	Clinical lead	Contracting/ Procurement manager	Commissioning manager	Non-clinical specialist (legal, patient representative)	Finance	
Identify service gaps, potential service gaps in different future scenarios, and opportunities to deliver co-benefits/ joint goals / pan-public sector objectives.		I	I	R		R	Knowledge of future trends is important. Capability to identify opportunities for improvements and delivering co-benefits across a range of services and pathways and mechanisms for taking this learning through the pathway design stage are needed. Tools to consider current and future service gaps need to take account of a wider range of current and potential future risk factors e.g. fuel and food price rises.
Include sustainability outcomes within agree set of outcomes for a commission.	R	I	I	R	I		Parties involved in agreeing these outcomes need to 'sign-up to' a shared vision of sustainable healthcare and understand why the transition to more a sustainable model of care is essential – appropriate outcomes are unlikely to be agreed without this.
Design Pathways							
Explore new ways of meeting the demands for care that enable the achievement of additional objectives (e.g. carbon reduction).		I	I	R			Those involved in designing pathways need an awareness of innovative approaches that could be adopted (where evidence is sufficient) or piloted in order to enhance the evidence base for sustainable models of care
Consider how and to what extent prevention / demand reduction is being addressed.		I	I	R			Detailed understanding of the whole patient pathway and related pathways needs to be harnessed at this stage. Those involved need the skills, systems and working relationships to ensure this happens.

Stage of commissioning cycle and the use of sustainability principles that's needed	Roles played within the commissioning cycle						Summary of capabilities and skills needed
	Strategic director	Clinical lead	Contracting/ Procurement manager	Commissioning manager	Non-clinical specialist (legal, patient representative)	Finance	
Interrogate the entire pathway for efficiencies to allocate available resources to prevention and to efficient, sustainable care pathways.	**R**	**I**	**I**	**R**	**I**	**I**	A framework for evaluating and refining pathways that includes questions / techniques to evaluate the pathway's contribution to multiple outcomes, it's effective use of all resources and its viability under a range of different future scenarios. Senior scrutiny processes need to be able to check for thorough interrogation – not just tick box that interrogation happened.
Specify and procure							
Determine what outcomes need to be assessed during procurement and monitored during service delivery. Consider pathway and service scales and clinical, financial (whole life cost) and sustainability performance.		**I**	**I**	**R**	**I**	**I**	Thorough understanding of the range of benefits, including sustainability benefits that can be achieved through the service / pathway and ability to translate these into measurable outcomes that can be used throughout the procurement process. For service procurement, outcomes will need to relate to how the service will interconnect with the pathway(s) it contributes to.

Stage of commissioning cycle and the use of sustainability principles that's needed	Roles played within the commissioning cycle						Summary of capabilities and skills needed
	Strategic director	Clinical lead	Contracting/ Procurement manager	Commissioning manager	Non-clinical specialist (legal, patient representative)	Finance	
Communicate desire for sustainable outcomes and intention to evaluate bids on this basis to the market from outset and implement intentions throughout procurement process.		I	R	I		I	All people involved in a procurement exercise need to be able to explain the sustainable commissioning commitment generally, and the reasons why specific sustainability outcomes are being sought for the service / pathway being commissioned. This is important to provide a consistent message to the market and ensure their service proposals support your goals. Tender documentation needs to include sustainability criteria.
Set clear sustainability outcomes within benefits management plans for services / pathways.			R	R			People drawing up benefits management plans need to have skills and supporting tools to integrate sustainability principles agreed at the outset of the procurement process into the plans.
Deliver and improve							
Effective dialogue and a collaborative approach between service users/ patients, contract manager and provider to improve sustainability benefits.							Shared understanding of all outcomes to be delivered, including sustainability outcomes.

Stage of commissioning cycle and the use of sustainability principles that's needed	Roles played within the commissioning cycle						Summary of capabilities and skills needed
	Strategic director	Clinical lead	Contracting/ Procurement manager	Commissioning manager	Non-clinical specialist (legal, patient representative)	Finance	
Periodically review service and pathway clinical effectiveness, financial costs and effective use (and enhancement) of all contributing resources (incl. environmental, patient, staff, infrastructure).		I			I	I	Although this could be done via a formal process, it would be beneficial for people involved in delivering and managing services to have sustainability 'radar' to spot obvious opportunities to create efficiencies and gain additional benefits. A system for evaluating and, if appropriate acting on opportunities to move to more sustainable models of care would support service improvement.
Build Partnerships – with service providers, local authorities, 3rd sector, other consortia, community; practices etc. (throughout the cycle)							
Create a shared commitment to the transition to sustainable models of care.	R	I	I	I	I	I	Create a shared commitment to the transition to sustainable models of care.
Raise awareness of the need for a transition to sustainable models of care with partners.	R	R	R	R	R	R	

forum for the future
action for a sustainable world

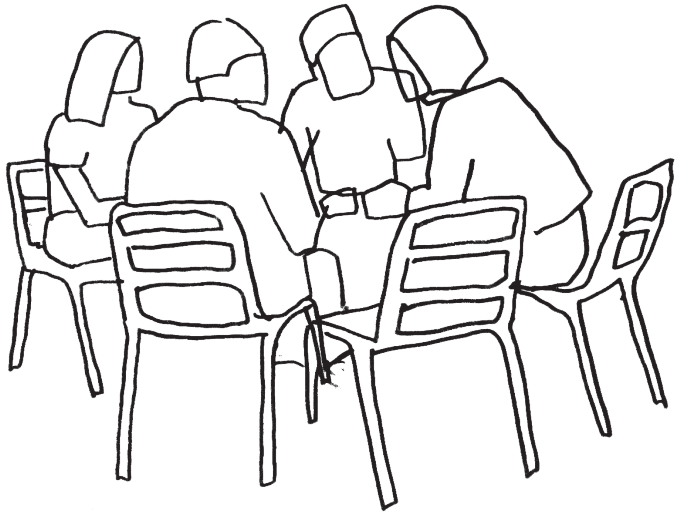
CENTRE for SUSTAINABLE HEALTHCARE
inspire • empower • transform

NHS
Institute for Innovation and Improvement

SUSTAINABLE SYSTEM-WIDE COMMISSIONING

APPENDIX 2

Case study example of changed services



Sonning Common Green Gym

www: http://sonningcommon.btcv.org.uk/
Commissioned by Sonning Common Health Centre

Description

An exercise group which aims to promote health, fitness and wellbeing through physical work whilst improving the local environment, learning new skills and meeting new people.

- Pathways: This intervention can be commissioned to transform many health pathways, including obesity, diabetes, CVD and depression
- Usual alternative: medication or indoor gym

Financial
Single investment generates both immediate and long-term benefits for patients. Prevents ill-health so avoids costs to the NHS. Suitable for all ages and fitness levels.

Employee
Staff can also participate

Patient
Empowers patients to take control of their fitness through inviting them to use the gym voluntarily. Encourages them to stick at it by fostering social relationships and training with other gym users.
ill health.

Community
The visible engagement of local people in this activity encourages other members of the community to join in, and broadens community understanding of links between physical activity, green space and health.

Staff networks
Enables staff of different grades and patients to participate in a joint activity which benefits all.

Infrastructure
Uses existing green spaces (i.e. existing infrastructure) rather than converting or constructing new buildings. Very low maintenance.

Natural
Taps-in to the natural environment by siting gyms in green, outdoor settings, which increases the benefits for mental health.

Objective

- To promote health, fitness and wellbeing through physical work whilst improving the local environment.
- Contributes to the 5 x 30 minutes of physical exercise recommended weekly.
- The activity can have different entry points and relies on varied skills which makes it very inclusive and gives patients a sense of control which is in itself important for health.
- Everyone can learn new skills and meet new people.
- Can prevent and treat a number of chronic diseases including obesity, diabetes, cancer, CVD and depression

Results

- Improved health of patients for multiple areas of physical and mental health.
- Reduced health service burden.
- Commissioning a Green Gym also builds links between healthcare staff and the community.

The Healthy Homes Initiative

http://www.apho.org.uk/resource/view.aspx?RID=44192

Commissioned by Liverpool City Council and South, Central and North Liverpool Primary Care Trusts

Description

Prevention of ill-health by making improvements to housing, better links between health and other professionals and timely referrals.

- This intervention can be commissioned to transform many health pathways, including obesity, diabetes, CVD and depression
- Usual alternative: medication or indoor gym

Financial
Preventing ill-health avoids costs to the NHS. Home insulation helps to reduce fuel poverty for vulnerable households by requiring less heating (and associated costs) to stay warm.

Patient
Builds patients' ability to manage their health by increasing their understanding of the relationship between the home environment, health and safety.

Community
Builds community health and reduces health inequalities

Staff networks
Develops links between healthcare and LA staff and with social landlords.

Infrastructure
Improves housing stock and energy efficiency

Natural
Reduces carbon emissions from inefficient housing stock and improves air quality in homes

Results

The Healthy Homes Initiative contributes to the achievements of a number of "vital signs" (VS), reducing cardiovascular and respiratory mortality and morbidity from excess cold (VSB02, VSC21, VSC23 and VSC24);

- reducing mortality and morbidity from damp and mould in affected dwellings;
- reducing mortality and morbidity associated with falls and accidents in the home;
- reducing health inequalities (VSB01, which is concerned with all-age all-cause mortality, and VSB05, which is the number of people who have stopped smoking for four or more weeks who attended NHS stop smoking services in local authority wards);
- removing the exposure of vulnerable persons to hazards to health within the home.

Stopping Wasted Medicines

www: http://sonningcommon.btcv.org.uk/
Commissioned by NHS Gloucestershire
http://www.npc.nhs.uk/quality/reducing_waste/resources/Reducing_5mg.pdf

Description

A prescribing audit and patient questionnaire with GPs, pharmacists and patients working together helped to reduce medicines waste (£4 Million in NHS Gloucs)

- Reviewing the need to prescribe at all – healthy lifestyle choices
- Explain to patients why it is important to only order items that they require (cost and expiry dates)
- Discuss with patients the safe storage and disposal
- Check with patients the reasons for returning medicines.
- Review repeat prescribing systems
- Supply 28 day batches rather than 56 days or 3 months
- Prescribing of single dose as alternative to twice daily

Financial
Review of prescribing systems and improved communication between GPs, pharmacists and patients can lead to huge financial savings – immediate and ongoing.

Patient
Empowers patients to take more active role in their use of medicines. Also encourages healthy lifestyles as an alternative to medication.

Community
Supports people to continue living in the community. Reduces health inequalities.

Staff networks
Develops links between healthcare and local authority staff, and social landlords.

Infrastructure
Upgrades the housing stock, with on-going benefits for the dweller(s).

Natural
Cuts carbon emissions from inefficient housing. Improves air quality in homes.

Results

- Over a third of drugs were returned because the "GP stopped it"
- 25% of all medication returned was due to the death of the patient
- 18% of returned medicines were "no longer needed/ cupboard clearance"
- 17% of returned medicines were out of date
- 2 or 3 month prescriptions common

Electronic consultation for CKD

http://map.greenerhealthcare.org/bradford-teaching-hospitals-nhs-foundation-trust/electronic-consultation-alternative-hospital-referr

Commissioned by Bradford and Airdale PCT

Description

A Chronic Kidney Disease e-consultation service. Using the centralised IT system allows GPs to send electronic referrals and share patient electronic health records with a renal specialist.

- This intervention can be commissioned to transform many health pathways, including obesity, diabetes, CVD and depression
- Usual alternative: medication or indoor gym

Financial

Avoids unnecessary referral to the hospital clinic. More efficient and effective use of specialist resources. Patients in need of renal outpatient clinic assessment were readily identified, and others benefited from the provision of timely advice.

Patient

Patient given choice of e-consultation or F2F. More involved in decisions about their health. E-consultation avoids need for wasted patient travel.

Staff networks

Communication between GPs and specialists improved.

Infrastructure

Electronic referral system tested which could be used for many specialties

Natural

Transport and other wasted resources minimised. Each outpatient visit generates a carbon footprint of approximately 40kg CO_2.

Results

- This service halved the referral rate in 17 pilot GP practices.
- GPs use criteria agreed in local guidelines to 'request advice' or 'question the need for hospital clinic review'.
- Nephrologists found that e-consultation permitted a detailed and efficient review of the patient record.

Texting for Bi-Polar Disorder

Prof John Geddes john.geddes@psych.ox.ac.uk
Developed by Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust and Oxford University's Department of Psychiatry.

Description

A text messaging system for people with bipolar disorder, which enables them to monitor their own condition and keep their GP updated on how they are feeling.

- Pathways: Bi-polar disorder, other Mental Health and other diseases with unpredictable patterns of illness

Financial

More effective monitoring means more tailored treatment and because patients only access specialist care when they need to, more efficient use of staff resources

Employee

Doctor (or other healthcare professional has a closer and easier relationship with their patient and can provide more timely and therefore satisfying advice and interventions

Patient

Patients empowered to take control of the way they live with their condition – texting answers to questions can provide a more accurate picture as more honest answers can be given. Care is provided when needed and patient journeys are avoided

Infrastructure

Use of widely available text messaging on standard phones

Natural

Patient journeys and wasted appointments avoided. Texting uses less resource than paper letters. And is much more efficient in terms of the time taken for all involved.

Objective

- Increase patients' involvement in the management of their own disease.
- Improve compliance with appointments
- More efficient use of staff time.
- Reduction in patient journeys
- Better patient satisfaction

Diabetes Appointments via Webcam in Newham

Project manager joanne.morris@newhamhealth.nhs.uk
Newham University Hospital and SHINE

Description
The DAWN project involves replacing diabetes appointments that don't require physical examination with web-based consultations, saving patient time and increasing uptake of a poorly used service. The incidence of type 2 diabetes in young people in the area is four to five times higher than the national average.

Financial
The borough has high levels of socio-economic deprivation and there are high rates of non-attendance at diabetes appointments (33 – 50% depending on age-group). This technology saves money by providing an alternative to traditional appointments.

Patient
Patients empowered as equals in a neutral setting and can fit appointments into their own schedules. Care is provided when needed and patient travel is avoided. Particularly important when patients have limited mobility, are housebound or have multiple commitments.

Community
Improved access at convenient times encourages integration of healthcare into daily life.

Infrastructure
Using readily available video-conferencing software, the service model is easily replicable across the majority of outpatient care.

Natural
Patient journeys and wasted appointments avoided. Webcam uses less resource than face-to-face meetings.

Objective

- Current patterns of service provision are inadequate to meet the current and future demand. The DAWN project is looking to deliver services in a new innovative way that improves efficiency whilst improving the service to patients. A pilot has shown improved access and better self-care.

Linking data for Systematic kidney disease management in diabetes

http://www.kidneycare.nhs.uk/Library/bmjqsHRayner.pdf

Commissioned by Heart of England

Description

Identification of patients with low or deteriorating estimated glomerular filtration rate (eGFR) from weekly database review using data from pathology lab database, together with diabetes patients.

- Pathways: Diabetes, CKD, KRT

Financial

More effective use of existing data means timely treatment which increases the productivity of a specialist service.

Patient

Doctor can provide more timely advice and interventions, bringing satisfaction and professionalism. Patients with diabetes are seen early by a specialist which reduces their risk of progressive kidney disease

Community

Improved through-put allows the whole population to receive more timely advice

Staff networks

Link up between diabetes and renal healthcare staff and including the people who run the database means a more integrated service.

Infrastructure

Data which is already collected is put to good use through visual display.

Natural

Resource intensive treatment prevented by monitoring and timely intervention.

Objective

- Detect kidney problems in a population with diabetes before they would normally be noticed, enabling early treatment.
- Transfer to multidisciplinary clinic >12 months before end-stage kidney disease.
- Reduce demand for expensive services. (1 unit in this area closed this year at a time when population need is rising significantly.)
- Quicker through-put
- New patients increased from 62 in 2003 to 132 in 2010 because there is a much quicker through-put; follow-ups fell from 251 to 174 because people are being treated at the right time.

The Walsall Model

Assisted signposting provides improved access to Universal services, prevention and early intervention

Description

Services are focused on maintaining independence, good health and promoting wellbeing with a universal "offer" to every citizen of information, advice and signposting.

All citizens will be able to make initial contact through a range of different channels (web, email, text, telephone) to a variety of organisations to assist them with accessing universal services. This is known as assisted signposting.

Financial
Focus on prevention and early treatment makes healthcare as efficient as possible.

Employee
Staff can also participate

Patient
Self Directed Assessment Questionnaire offers a range of interventions via support packages. Patients have much better access to services and are empowered by the whole-life approach.

Community
Community support is valued and formally tied in with other services.

Staff networks
Collaboration between health services and social care, police and community provision.

Infrastructure
Different and easily available channels can be used as appropriate to the population served.

Natural
Prevention emphasised and joined up services mean better use of resources, less duplication.

Objective

- Makes productive use of resources because social and health care services are joined up and focused on keeping people healthy in the community. The public has much better access to services.
- People accessing any support route are screened for urgent care needs, crisis intervention and/or a referral to health lead services.

Patients Know Best: Patient Controlled Medical Records

http://www.patientsknowbest.com

Description

Patients Know Best have created a patient-controlled medical records system. It is integrated for patients into the NHS secure network.

Financial

Saves money and increases the number of patients a service provider can have on their books.

Patient

Care is patient-centred and patient-co-produced. Patients are empowered to take control of their healthcare and all data is visible to them.

Community

Enables people to continue living normal lives as part of the community without undue disruption for healthcare appointments.

Staff networks

Enables much faster link-up between staff in different areas around the needs of a patient.

Infrastructure

Use of technology on a platform which is accessible to all on the team including the patient.

Natural

Patient journeys and wasted appointments are avoided.

Objective

- Allows patients and healthcare professionals to share all the information they have.
- Shifts many appointments online.
- Patients are much more engaged in self-care
- Healthcare professionals can work efficiently in teams via a shared platform.

Chronic Obstructive Pulmonary Disease (COPD) Discharge Bundles

http://thorax.bmj.com/content/early/2011/08/16/thoraxjnl-2011-200233.abstract

Description

The Bundle Includes: (i) referral to smoking cessation service if a current smoker (ii) pulmonary rehabilitation programme (iii) provide appropriate education, written information, self management plans and rescue packs for future exacerbations (iv) ensure that patient understands their medications and has demonstrated good inhaler technique (v) ensure that they have appropriate follow up once discharged from hospital.

- Pathways: this intervention can be commissioned to improve the COPD pathway and similar bundles can be used for other pathways.

Financial
Acute COPD is the commonest cause of hospital admissions and costs approx £600 million pa. This investment reduces costs by preventing further admissions.

Patient
Empowers patients to take control of their care once they leave hospital. Patient involvement in the development of the bundle ensures that a phone call was included to support patients when they felt most vulnerable.

Community
Connection to smoking cessation service can lead to links with wider services that can support individuals

Staff networks
Better connection between community and acute services working together to improve care for patients and reduce admissions

Infrastructure
A simple, shared evidence based checklist and a systematic approach such as a care bundle ensures that all patients, including those not on respiratory wards get the specialist advice they need before discharge.

Natural
Prevention of further admissions saves resources both at hospital and for the patient.

Objective

- Makes productive use of resources because it uses a simple intervention at the point of acute care to give both immediate care and preventive advice.