An External View
Introduction

• Is commissioning really that important?
  • What actually drives ‘value’

• Where should it sit in the debate about Integrated Care?

• Does it really matter to those who actually matter?

• What do we see in the place and systems we work with?
Collaborative working in the NHS – sharing learning from New Zealand, South Tyneside, Cardiff and beyond

Event Details

Venue: TBC, London
Date: 21 November 2019
Event Time: 9.00am - 5.00pm
Location: See Map

This is a free workshop to hear how health and social care systems in the UK and Australia have utilized learnings from Canterbury, New Zealand, to effect change in their local system.
SPOLIER ALERT
Ben Collins report “describes how successive governments have been convinced that financial incentives can create a self-improving NHS, but their attempts have failed. It asks why we think the new payment models that are being developed to support integrated care will be any different.”

CCGs may not have wielded much power over big acute trusts but while it’s important that providers and commissioners collaborate to promote improvement across systems, there still needs to be some grit in the system to ensure providers are held to account.

Non-experts have struggled to penetrate discussions dominated by the technical incantations of accountable care in the United States: ‘value-based payments’, ‘upside and downside risk’, ‘unbalanced and asymmetric risk sharing’ (Wyatt 2018). Most of us aren’t entirely sure what all the terms and formulae mean.
Avg. Patient Length of Stay, by Treatment

- Neurosurgery
- Orthopaedic Surgery
- Critical Care
- General Surgery
Sit down, you're rocking the boat
A new way of making decisions...

- You decide
- We discuss, you decide
- We discuss, we decide
- We discuss, CDHB decides
- CDHB/Minister decides
...developed into alliance contracting

• High trust, low bureaucracy
• One health system, one budget
• Best for patient, best for system
• Everyone wins, or everyone loses
What we liked about the approach

- Patient first (second and third....)
- Whole system approach
- We win together and lose together
- Structures that support doing the right thing – designed by front-line staff
- Taking the money ‘off the table’
- Join up primary and secondary care
- No changes to organisations or governance
Key elements we shamelessly stole borrowed

- Leadership
- Culture/Trust
- Finance
- HealthPathways
Key Learning

How you do things is more important than what you do
Leadership- Alliance Leadership Team

• Cultural engine room
• **Changed the conversation from an organisational focus to a system focus**
• **Talked (and talked and…) openly and honestly, acknowledging impact of previous learnt behaviour**
• Introduced and led on:
  • We win together, we lose together
  • Do what’s best for patient, best for system
  • High trust, low bureaucracy
  • Use the South Tyneside pound wisely
• Shared risks, financial and otherwise
• Developed a system recovery plan
• We’ve talked the talk and we’re starting to walk the walk

• Make decisions based on a ‘best for system, best for patient’ basis
• In short, in South Tyneside it’s now a team game, not a individual sport
Trust is a tricky thing.
Trust = \frac{Consistency}{Time}
Structural/Organisational reform?

PCN

SHA

ICP

CCG

STP

PCT

ACS

ICS

STPPCN

PBC

ACO

ACS

CSU

WTF
Commissioning

What is commissioning?
Commissioning is the process of assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.

Who commissions NHS services?
Services are commissioned by CCGs and NHS England on a local, regional and national basis.

Commissioned services
Find out more about the services that NHS England commissions.

How commissioning is changing
Commissioning continues to develop in line with the aims set out in the NHS Long Term Plan.

Supporting commissioners
We support commissioners to develop services that deliver improved population health, quality of care and cost control.

Commissioning regulation
NHS England has a statutory duty to conduct an annual assessment of every CCG.
Modest celebration for a remarkable achievement

A week ago on Friday, there was a modest celebration at Pegasus Health to mark the achievement of one million+ referrals through the Electronic Request Management System (ERMS).

It brought together an extraordinary mix of people, from the visionaries to the technocrats, who together have pulled off something no-one else could—an effective system that works as well for primary as it does for secondary care. Not more than that, one that works for the patient.

Put simply,  ERMS ensures that high quality referrals go quickly where they should, and that the people who need it receive the right care.

The people who were recognised on the night were...
- Carolyn Gallery – the original visionary and Eric Spencer
- Graham McDowell – the vital original visionary and Clinical Lead for the project from the start
- Ian Anderson – for taking the original vision and turning it into the original technical design
- David Anderson – who took the original technical design and wrote the original code creating a real system.
- Shaar Ull Manzumen – the long serving Software Developer on the ERMS project
- Rob Fisher – the original Application Support involved from the start and a key player in the Regional roll out.

Each received a commemorative piece to say thanks for their unique contribution.

Here’s what Graham McDowell, one of the ERMS pioneers had to say on the evening:

“Getting ERMS to where it is today is a great achievement, and looking at other systems in Australia and New Zealand ERMS compares well on a number of fronts—not just the sheer number of referrals, but also the speed, ease of use, and the outstanding reliability that means referrals always get to the right place.”

Graham went on to say that he felt the GPs just wanted something that worked well and quickly, and was easy to use.

![Image of Carolyn Gallery, Ian Anderson and others at the evening](image_url)

“With the achievements that ERMS has been able to achieve, it is clear that the system is a success. The feedback from users has been overwhelmingly positive, with many praising the ease of use and accuracy of the system.”

Above: Don’t miss your chance to see the latest updates from Pegasus Health. More updates can be found on page 7 at pegasushealth.nz.
About HealthOne

HealthOne (Shared Care Record View) is a secure record that stores health information including GP records, prescribed medications and test results. Authorised healthcare providers such as GPs, community nurses, pharmacists and hospital doctors and nurses can access your information stored in HealthOne.
HealthPathways™

For a connected health system
Idea
Real
Value
What is the most important thing?
It is people, it is people, it is people