

## Meeting Report

The Commissioning Workshop was held under the Chatham House Rule, which stipulates that information mentioned in the meeting may be used, but the affiliation or identity of speakers should not be revealed. For this reason, and because the group of participants was small, the meeting report does not explicitly identify the issues discussed or the institutions that were represented.

The workshop took an action learning approach. Action learning allows people to explore their individual approaches through the process of examining the particular situations and issues that they each face, in this case on how to commission services for quality.

## Day 1: Session 1

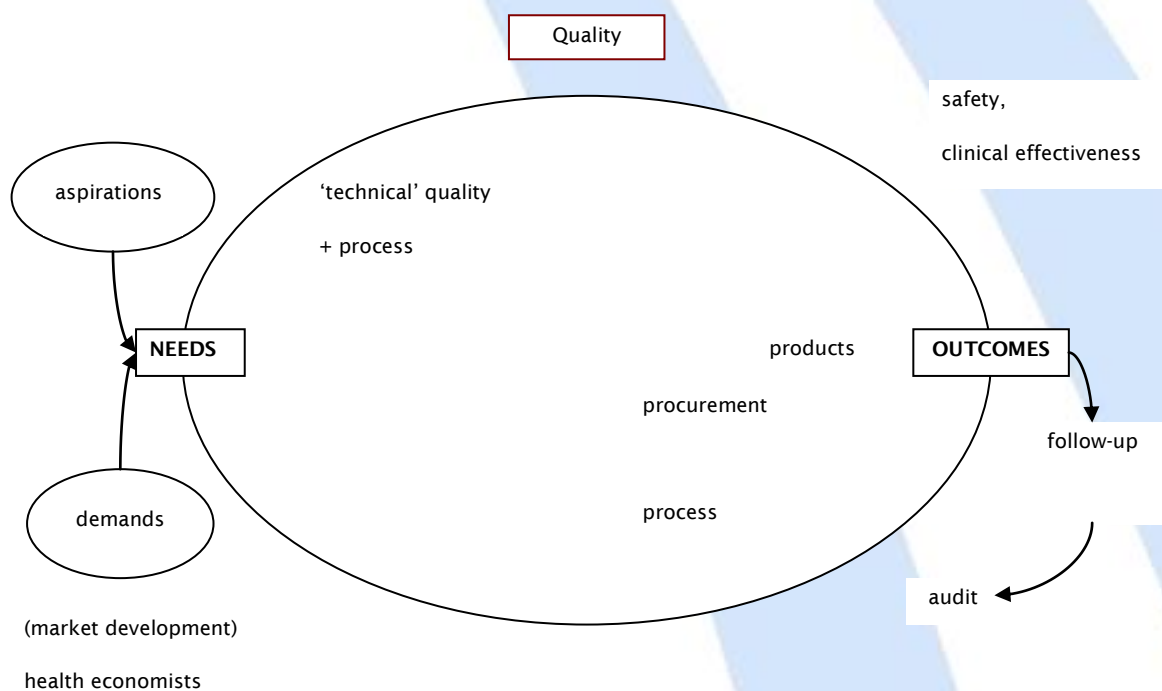
### Introduction

The first session of the workshop introduced participants to each other and to the concept of commissioning. The aim was to explore the scope of what is meant by commissioning and different understandings of the term in different countries and contexts. The following list of associated words and concepts was drawn up:

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- |                                    |                          |
|------------------------------------|--------------------------|
| - Markets: Real Quasi (?) Internal | - World Class            |
| - Funding                          | - Health Economy         |
| - Budget                           | - Information and Data   |
| - Cost envelope                    | - Audit                  |
| - Negotiations                     | - Individual + Community |
| - Quality                          | - Involvement            |
| - Contestability                   | - Outcome                |
| - Needs                            |                          |
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- |                      |                                   |
|----------------------|-----------------------------------|
| - Diagnostic Cluster | - Planning                        |
| - Providers          | - Implementation                  |
| - Policy             | - Private, Public, Not for Profit |
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- DRGs
- Purchasing
- Tariffs
- Price
- Buying
- Contracting + Contracts
- Procurement
- Financing
- Specification
- Analysis
- KPIs
- Monitoring
- Cream Skimming

The group then went on to develop these initial ideas into a scheme that explores the connections between different areas of commissioning and the cycle involved.



## **Session 2**

Members of the group gave introductory presentations to each of the health systems represented in the group (Ireland, Sweden and England), with the aim of giving participants sufficient context to understand and interact with the issues presented. Some of the points covered included:

### **Ireland**

- > Small population (4m) and highly politicised context; attempt in recession to move from secondary to primary care. Context also of legacy issues from past scandals, eg blood transfusion and child abuse.
- > Significant problems, particularly with acute service provision. Co-payments also high (€55 for GP visit)
- > No regulation of hospitals: nurses, doctors, opticians, GPs regulated by codes of practice; many service providers are voluntary organisations.

### **Sweden**

- > 21 County Councils, responsible for planning and organisation. Therefore in some way there are more than 21 different systems.
- > Jan 2010 significant changes will be introduced to allow open competition for provision of primary care, within certain criteria
- > Sweden is divided into 6 large medical care regions for tertiary care (highly specialised hospital care) provision

### **England**

- > NHS has recently undergone a Next Stage Review, looking among other things at how to commission for quality not just activity.
- > NHS currently sits under a complex regulatory and inspection regime, including the new Care Quality Commission, and extensive professional regulation (Nursing and Midwifery Council, General Medical Council etc)

## **Challenges/Action Learning Questions**

The group brought a number of different questions and challenges to the group, which included:

- How do we engage with the public? Particular focus on involving the public (influence and engage, building more capacity in members of the public to play constructive roles in driving improvement work)
- How do we meet massively raised expectations in a very short timeframe, during an economic downturn?
- How do we make “clinical commissioning” a reality?
- In the context of ever increasing specialisation, how can smaller populations ensure that it can provide for the maximum outcomes for its citizens through procurement?
- How do we ensure that we pay for results (not activities)?
- How can we measure results for interventions in a slow process that may take many years before you see outcomes?

## **Reflections on emerging themes**

The action learning raised a number of themes:

### **Change**

All of the issues discussed in the action learning had change in relation to commissioning for quality as a core theme: its nature, how to generate it, how to sustain it and how to manage it.

Several of the issues provoked discussion on the non-linear nature of change, and the need for cycles of action, evaluation and review.

Most of the participants' issues also reflected some aspect of how hard it is to create and sustain change. There was discussion on the role of “zealots” or “champions” and their importance as a catalyst, balanced with the need to win consensus and generalise change in order to sustain initiative (particularly in the context of extending pilot projects, or dealing with the departure of a “champion”). Fear of change and overcoming fear was also an important element in many of the issues discussed.

## **Power**

In most of the issues discussed, underpinning the reflections on change lay discussions on power and leadership.

One important element discussed was the need to identify the key partners, or influencers and win their backing before initiating change, particularly in the context of altering ways of commissioning services. Several issues discussed had faced the challenge of the withdrawal/lack of support from key leaders or influencers, and others faced the challenge of securing that support before moving ahead with change.

Participants also highlighted the importance of trust, respect and reputation, particularly in managing change in commissioning, and area that typically has multiple partners from different institutional contexts, and which involves negotiation and persuasion rather than straight hierarchical enforcement.

## **Different perspectives and expectations**

Many of the issues discussed had an underlying challenge of differing perspectives on the same issue.

How to define “communities” in the context of community engagement and commissioning was a common theme, particularly in relation to defining who has the power/legitimacy to define a “community”, and the risks of certain voices dominating within an engagement process. The group also used the image of the individual's “map” of an issue as a useful tool to engage with different perspectives in a non-confrontational way. Different individuals or organisations within the same process may have different maps – some may be larger, seeing the wider context of an issue, some may be smaller, seeing only a small part of the situation. The need to align and acknowledge different maps was discussed.

The issue of managing expectations was also raised and discussed in the context of involving communities in the commissioning cycle. The important of giving realistic expectations was highlighted and the risk of letting down communities who have taken part in discussions was discussed. The concept of an “integrity script” for organisations to ensure that expectations are realistic about what can be achieved was discussed. The need to explore and define the amount of time that is spent on community-facing activities, and that which is spent on external politics was also discussed as an important aspect of involving the community in commissioning.

### **Culture**

Most of the issues brought to the group also had organisational culture as a strong underlying theme, particularly in relation to the scope to act and effect change in commissioning. The importance of understanding and taking into account culture before attempting to alter commissioning cycles was underlined. The importance of understanding organisational history was also discussed.

### **Outcomes and Incentives**

A final key theme that underpinned most of the issues presented was that of outcomes: how they are defined, how they are measured (and over what period) and who defines them. Whether it was possible to define quality was also discussed.

The discussion also turned to the importance of incentives. There was consensus that incentives were a necessary and important lever for change, but participants also reflected on the changes in behaviour prompted by financial incentives in particular. Several participants noted the unintended consequence of treating health professionals as though they were solely or primarily motivated by money.

### **Final Session: reflections and next steps**

In the final session of the workshop, participants were given time to reflect on the previous sessions and to think about next steps. The following four questions were addressed:

- What will I do now?
- What did I gain from the process?
- What did I learn from other people's challenges?
- How helpful was it to be learning across countries?

### **1. What will I do now?**

A range of next steps as a result of the workshop were shared by participants:

- Feedback/seminar for executive team
- Share workshop results with health and social care fields
- Keep in touch with one or two of the workshop participants
- Agree “buy in” and personal commitment relating to issue presented
- Review learning and wider implications for programme through one to ones and/or writing an article.
- Reflect on strategies. Create an arena for joint discussions at home
- Manage my own expectations better. You don’t always succeed. Manage politics better.
- Further reflect on “the process”: what went wrong? What could I have done to prevent the situation? How will I take “the process” forward? What support should I give to whom and why? How to improve communication?

### **2. What did I gain from the process?**

- Time for reflection
- Perspective
- Confidence as problems so similar – less isolated
- Helped me order my thoughts; opened up my thinking in unexpected consequences of implementing initiatives
- Compels reflection, although the process was compressed
- Time to think, reflect, test out; learning about how to questions to build the picture – rather than naturally jumping to a quality thought through solution!



- By strict attention to listening process – focus on understanding rather than jumping to solutions.

### **3. What did I learn from other people's challenges?**

- Allows you in a non-confrontational way to discuss openly your issue
- Express assumptions that have been taken for granted.
- Most problems are like icebergs, much lies below the surface.
- There are such similarities in terms of issues, frustrations etc.
- There are many ways to frame and approach problems. Think about unexpected actions of key players and think about testing out scenarios as part of planning/ contingencies.

### **4. How helpful was it to be learning across countries?**

- Very – exposes wide ranges of options at unfamiliar dimensions; puts own “system” into relief
- Interesting that we have so much in common although we have different systems
- Very different cultures react differently to situations
- By exploring my health system it gave new insights into strengths and weaknesses
- Very helpful – enables better perspective on own solutions. Value in recognising that systems, while different have similarities and cross –country learning/sharing experiences can be valuable.