

MYTH 4

THERE ARE TOO MANY CULTURAL BARRIERS TO OUTCOMES-BASED COMMISSIONING

THE FOUR MYTHS 4 / 4



#outcomesmyths

Shifting to an outcomes-based approach, whether as a commissioner or provider, is a significant departure from the norm (for now). As with any change, success will be determined not only by getting the right infrastructure and technical detail in place but by people's attitudes and behaviours. As with any change, there will often be people and organisations who are resistant or reluctant to take the plunge.

Our experience is that:

- The **arguments for outcomes-based approaches are powerful** in themselves – it is hard to disagree with the principle of focusing on outcomes and results of care
- **Resistance is rarely irrational** – there is no alternative to investing time in understanding and directly addressing people's concerns
- **Leadership** –at all levels, and a firm focus on the prize – **is key**

BURNING AMBITION – AND A BURNING PLATFORM

There is a groundswell of recognition that we need to **do things differently if the NHS is to maintain its proud heritage**. Delivering better outcomes for patients more cost-effectively for taxpayers is now the NHS mantra.

Continuing to commission on the basis of activity, while tolerating variation in quality and outcomes and the waste inherent in poorly joined-up services, is not a rational response to the challenge.




"We need to move away from diseases to whole people, not retain an obsession with individual medical targets, and ensure that CCGs are focused on the needs of their populations and not on the attainment of medical targets. A direction needs to be signalled and a pace of change determined. We do not have the luxury of waiting until the financial situation is more favourable."

**Dr Charles Alessi, Chairman,
National Association of Primary Care**



While the financial constraints facing the NHS present obstacles to change, they also present an unassailable argument for change. No part of the healthcare system is immune from the financial pressures or less than passionate about better outcomes and better health.

 *"You never let a serious crisis go to waste. And what I mean is that it's an opportunity to do things you thought you could not do before."*

**Rahm Emmanuel, former
White House Chief of Staff** 

NO-ONE COULD OBJECT TO FOCUSING ON OUTCOMES, COULD THEY?

We have yet to come across anyone that objects to the concept of focusing effort on achieving the outcomes that matter to people. But we are not blinkered in our ambition.


No-one is under any illusion that the system is facing huge financial constraints and much of the day job is taken up with managing these. Moreover, the nature and scale of the pressures vary from locality to locality, giving some greater headaches - or headspace - than others.

No-one has the luxury of starting with a blank sheet of paper. Contracts for services are already

in place with one or more incumbent providers, who will naturally see financial risk in any contractual changes even as they welcome a focus on outcomes.

No-one is free from doubt. They worry about data quality and timeliness and the technical complexities of contracting, as well as the prospect of adverse media attention if it doesn't work out.

All of these are entirely good reasons to tread carefully.

 *"Commissioning for outcomes takes both commissioners and providers out of their historic comfort zones with multiple meaningless performance indicators being replaced by a much smaller number of clinical and patient-centred outcome measures. My advice is that this has to be seen as a long-term project, with early engagement of everyone concerned and a practical focus on agreeing how best to phase the process. Bite sized pieces that all parties can swallow are critical."*

Dr Stephen Richards 

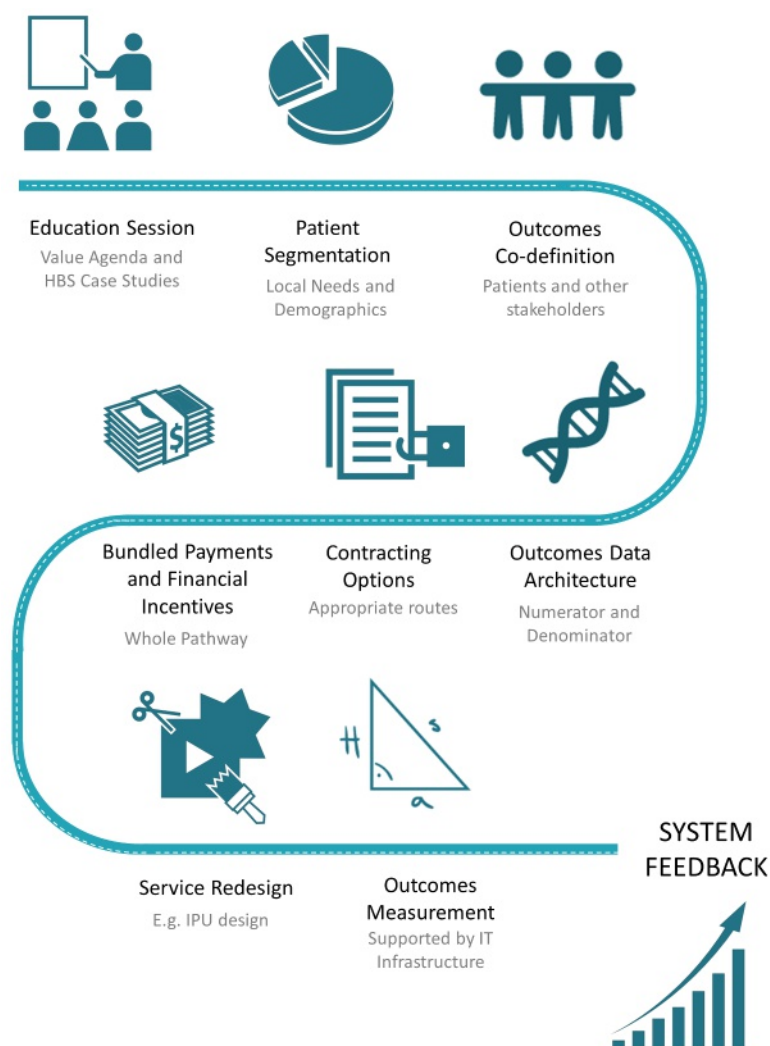
THERE ARE NO SHORT CUTS – THE OBH APPROACH

People have legitimate and often very practical concerns about outcomes-based approaches to healthcare. This 'myth-busting' series is all about tackling those kinds of concerns.

The way forward is through a **systematic, inclusive and evidence-rich process** – along with a healthy dose of bold ambition and a willingness

to take risks. This process needs to **combine clinical expertise, the voices of patients, carers and service users as well as commercial nous.**

OBH's eight step process is outlined below. Wrapped around this kind of process, there is an **unavoidable need for conversations and engagement** – from the outset and throughout.



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“To sustain a culture focused on outcomes and quality, the emphasis needs to be on releasing front line staff to innovate and improve, supporting effective teams and enabling cross-boundary working. Aligning objectives is key so that people don't feel distracted or overwhelmed by conflicting priorities.”

Professor Michael West,
Professor of Organizational Psychology, Lancaster University
Management School and Senior Fellow, The King's Fund

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LEADERSHIP AND ENGAGEMENT IN NORTH CENTRAL LONDON

The five clinical commissioning groups in North Central London, representing 1.4 million people in Barnet, Camden, Enfield, Haringey and Islington, are working towards outcomes-based commissioning for key population groups, starting with people who have diabetes, older people

living with frailty, and those with mental health problems. They are **collaborating not only with each other but with clinicians, providers, local authority partners and patient groups**. This is no small task.

David Cryer

David Cryer, Chief Officer at Camden CCG told us:

We recognise that this approach is a radical departure for everyone: the prize may be great but the practical and financial concerns are real. That is why we are putting a lot of time and effort into engaging with each other as CCGs, with clinicians and with our providers from across the area.

You can't underestimate the work involved. You have to work with the willing and seek out the early adopters. Starting from a focus on the outcomes that patients say are important to them is essential. You then need to focus on building a collaborative partnership with clinicians to make the clinical model work before you move on to the money. You have to develop strategic relationships with providers, built on mutual respect and trust.

One of my key messages to providers is that **this is an opportunity not a threat**. We are matching the responsibility they feel for delivering the best possible care for people with the authority to do just that.

TOP TIPS



"Focusing on outcomes means redefining what we mean by success for clinicians – innovating to deliver results for patients rather than complying with a pre-determined process. This is challenging – but liberating and motivating too."

Caleb Stowell, MD, VP of Research and Development, ICHOM



LEADERSHIP AND ENGAGEMENT IN NORTH CENTRAL LONDON

Based on our own experience and observations, and the many conversations we have had in putting this myth-busting series together, a number of practical tips have emerged:

- **Set out a vision** and keep bringing people back to the big picture
- **Be pragmatic**, start small and phase the approach
- **Seek out the willing and enthusiastic** - you need a broad coalition of support when things go wrong (which they may well do)
- **Use what already exists** – from outcomes frameworks to data to contracting models in use elsewhere

- **Identify and prioritise the segments** of your population on which to focus
- **Involve people with similar health needs in defining the outcomes** that matter – along with outcomes, data and clinical expertise to figure out how to measure those outcomes
- **Get clinicians on board** and focused on designing the pathways and clinical models
- **Engage providers** in figuring out what is possible and be open to hearing and addressing their concerns – trust and collaboration is all
- **Make sure you have access to expert financial analysis** when it comes to designing contracts and payment bundles



"Innovation comes from people talking to each other. When you bring people together who don't usually spend much time together and give them common purpose, behaviours change and attitudes follow."

Professor Susan Llewellyn, Professor of Clinical Psychology, University of Oxford



READING LIST



"Despite the technical challenges to overcome with outcomes based approaches, it is actually the change in mindset required which is the most significant challenge, and our greatest opportunity."

Dr. Rupert Dunbar-Rees, Founder, Outcomes Based Healthcare



HSJ article discussing the need for the NHS to focus on outcomes Only the brave succeed⁴⁴.



While not about outcomes-based healthcare as such, this is a fascinating discussion of culture and behavior in the NHS⁴⁵ and the importance of a patient-centred approach



Talking Points Personal Outcomes Approach: Practical Guide⁴⁶, recently published by The Joint Improvement Team (JIT), is a good source of information on outcomes-based approaches.

⁴⁴ Only the brave succeed when focusing on outcomes, Dawson & Burke (2014), <http://www.hsj.co.uk/comment/only-the-brave-succeed-when-focusing-on-outcomes/5072559.article#.U-C6XajmVab>

⁴⁵ Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study, Woods et al (2013), BMJ Qual Saf doi:10.1136/bmjqs-2013-001947, <http://qualitysafety.bmj.com/content/early/2013/08/28/bmjqs-2013-001947.full>

⁴⁶ Talking Points Personal Outcomes Approach: Practical Guide (2012), <http://www.jitscotland.org.uk/wp-content/uploads/2014/01/Talking-Points-Practical-Guide-21-June-2012.pdf>



"all about taking outcomes OUT of the 'too difficult' box."



We can offer **masterclasses** to help your organisation **move beyond ideas** about using outcomes and start building a road-map towards **value and outcomes in health** for your local population.

This usually involves a face-to-face group discussion, with some case-based teaching, to help bring the ideas to life. If you are interested to know more, do get in touch via:



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CARE THAT FITS
AROUND PEOPLE**

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