

Engagement for commissioning success

{Smart Guides}
to ENGAGEMENT

For better commissioning



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Part of the **Smart Guides to Engagement** series, this guide looks at the benefits from engaging well to support commissioning success. Clinical commissioning groups (CCGs) that are smart about engaging with patients, carers and communities (PPE) will achieve the following benefits:

Economic – recurring savings, value for money, decommissioning and reinvestment in line with quality, innovation, productivity and prevention (QIPP) principles

Social – empowered communities, leaders of patient groups, community partners all helping lead change

Relationship – with councillors and local leaders to avoid challenges and with stakeholders to work together and support change across the community.

Commissioning success demands trust from individuals and organisations. Financial savings are desirable, but without trust they are not enough for success.

Compliance and beyond

Meaningful engagement with patients, carers and communities isn't a one-off to satisfy domain 2 of CCG authorisation or the requirements of Section 242 of the NHS Act 2006.

Section 242 is the legal duty to involve current and potential service users or their representatives in everything to do with planning, provision and delivery of NHS services. The duty specifically applies where there are changes proposed in the manner in which services are delivered or in the range of services made available.

Domain 2 of the CCG authorisation process requires evidence of "meaningful engagement with patients, carers and communities". This means showing how the CCG ensures inclusion of patients, carers, public, communities of interest and geography, health and wellbeing boards and local authorities and how the views of individual patients and practice populations are translated into commissioning intelligence and shared decision-making.

Good engagement unlocks big benefits

Good patient and public engagement (PPE) makes it easier to create change and savings because clinicians, managers and lay people work together for a commonly valued objective.

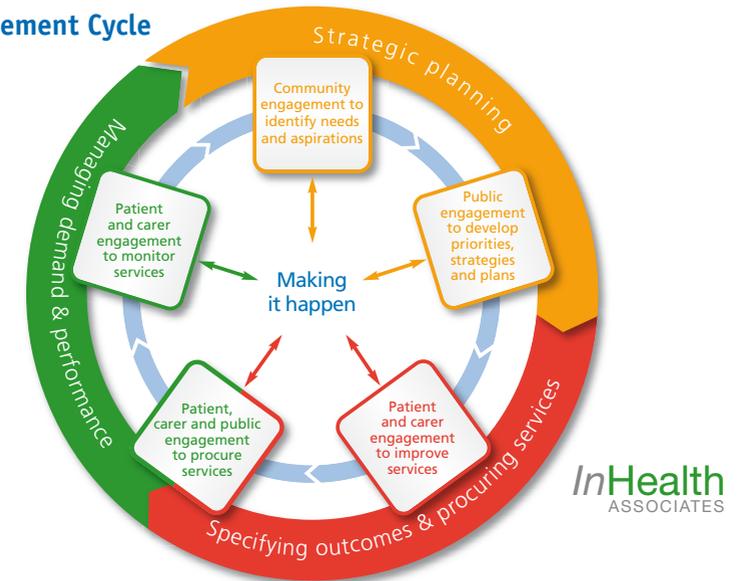
A joint PPE business case with the local authority and key secondary providers has maximum impact by addressing common problems.

Hertfordshire – understanding and support for major service changes

Commissioners and their major providers jointly engaged the public in major changes of services across the health economy before formal consultation on service pathway redesign. Hundreds of face-to-face clinician-led events and focused communications for local residents and staff cost around £205,000. A key public concern was transport and accessibility issues, now being addressed with transport providers. PPE initiatives were essential investments to enable public understanding and support for service changes estimated to save some £41m, including £14m recurrent savings plus £27m taken from acute and reinvested in primary care.

Commissioning is a continuous process, so PPE must run throughout the commissioning cycle. A reliable way to ensure this happens is to use the engagement cycle, which identifies who needs to do what to engage patients, carers and the public at each stage of the commissioning cycle. There is no one-size-fits-all approach to engagement in commissioning. At each stage the engagement purpose is different, so how the CCG goes about it and who needs to be involved is different.

The Engagement Cycle



Engagement in a cold climate

Successful engagement can make use of tight resources more cost effective than traditional ways of engaging. Help is available in the form of case studies showing engagement linked to benefits.

For PPE business case creation, a decision support tool enables CCGs to quantify engagement costs and benefits, estimate return on investment and store examples from previous local engagement activities and projects. Links to these resources are included at the end of this guide.

Bristol, Bath and North Somerset – new pathway for termination of pregnancy

Creating a new pathway for termination of pregnancy incurred direct PPE costs of £41,000 but brought recurrent savings of £85,000 through increase of medical terminations and associated decrease in surgical terminations. The views of around 2,500 service users revealed that women were waiting too long for appointments and had to visit different sites to access services. A new pathway was developed using a 24/7 telephone service. Additional socio-economic benefits included improved contraception advice and reduction in unplanned pregnancies.

No PPE, no QIPP

The challenge of achieving QIPP makes smart engagement imperative. “No QIPP about me without me” is how patients, carers and the community see it. That makes QIPP a huge PPE opportunity.

Talking to customers of existing services and listening to what they tell you about what could be improved, stopped or done differently is essential. Small changes can make huge differences when replicated. Make sure people understand what they have contributed, what has changed and the benefits of new ways of doing things.

Sheffield – avoiding unscheduled elderly care admissions

Engagement events identified this priority. Participants were invited to challenge professional assumptions, generate new ideas and perspectives. Carers’ concerns were highlighted. PPE costs of £14,333 were offset by the £1,119,000 in anticipated recurrent savings from reducing non-elective admissions.

QIPP decisions may be difficult. Not everyone will agree on difficult choices. Engaging well will ensure that service change options and financial implications are clearly communicated and community views are sought, acknowledged, valued and responded to in the decision making process.

Tower Hamlets, East London – reducing A&E attendances

A social marketing campaign was part of the PPE strategy to reduce the 30% of A&E attendances not thought clinically necessary. PPE helped get over the message about urgent care alternatives and appropriate use of A&E. The engagement campaign lasted one year and had direct costs of £36,000, set against anticipated annual cost savings of £211,000 through the reduction in inappropriate attendances.

Community-wide engagement assets

Engagement partnerships with people and organisations outside the health sector generate shared assets for change and improvement across communities. Health and wellbeing boards and partnerships are opportunities for the NHS to promote integrated pathways and service reconfigurations. CCGs that grasp this opportunity will make PPE benefits central to how the CCG does business.

Accelerated community development – Solihull, Dartmouth and Wandsworth

Resident-led engagement partnerships in these HELP (health empowerment leverage project) areas worked across health, housing, safety, environment and other areas to produce community-wide renewal strategies. Local ownership of change, more resilient social networks, improved outcomes that impact on health and reduced health inequalities justified the initial investment.

Getting patients and carers to lead change

One aspect of engaging well is to see frequent service users and carers as leaders for change. No lasting cost reductions, or improvements in quality, productivity and prevention can be achieved without people with long-term conditions (LTCs) being fully supportive. They account for around 70% of overall health and care expenditure.

Commissioners should get local people interested in service change at the start to generate more radical ideas for change.

Radical solutions from engaged residents

In Louth, Lincolnshire clinical commissioners shared the facts about local hospital problems with local people first rather than putting forward a preferred solution and found them willing to consider a more radical solution. Around 80% supported downgrading the local A&E to an urgent care centre and completely changing the model of acute care. Public feedback on the quality of the new service is high.

Patients can be leaders for change if they think new ways of doing things will bring higher quality and greater satisfaction. This will not happen by chance, nor is it a one-off fix. It requires engagement investment and high levels of trust. Moving in that direction takes the CCG closer to the QIPP goal of better and sustainable commissioning outcomes and lower recurring expenditure.

Croydon – improving diabetes services

User group views identified that intermediate diabetes services were not meeting needs. PPE surveys and focus groups engaged more than 800 patients and involved Diabetes UK. The patient-led intelligence fed into a new draft service specification and increased patients' commitment to the changes. Direct engagement costs of £3,000 were set against anticipated economic return of £47,400 a year over five to 10 years through better adherence and a 5% reduction in admission.

QIPP initiatives have to be co-created, so service users will know what quality looks like and how to demand it. The PPE message for QIPP is simple: engaged patients and carers can co-design services and will prefer the same pathways as enlightened clinicians.

Medway - redesigned local dermatology outpatient services

To reflect patient preferences for a service delivered locally, commissioners created a face-to-face PPE initiative with service users and staff costing £8,095 in direct and indirect costs. This is set against projected annual savings of £128,000 through efficiencies and has led to much lower waiting times and increased patient satisfaction.

Taking decisions together

Shared decision making about commissioning needs an open process, accessible information and support for lay people to be involved, but the results are highly valued.

Desire for fairness is a strong motivator to get involved

In Oldham, commissioners and the local involvement network (LINK) created a citizens' health commission to explore ways of underpinning fairness when commissioning for Oldham's health needs. Its practical recommendations were adopted into the commissioning process and into a new engagement model between the CCG and the LINK.

PPE ensures commissioning success

Here are some first steps to engaging well and achieving PPE-led change in your CCG:

▶ **Identify the strengths and weaknesses of the CCG's existing PPE assets. Strong assets include having well developed and active patient leaders and lay members networked within and outside the organisation, good experiences from past engagement initiatives, and endorsement for the CCG's strategy from third parties like the local council and community bodies.**

▶ **See how you are applying these assets to achieving the CCG's objectives.**

Use the engagement cycle to discover who does what well at each stage of the commissioning cycle. Ask yourself some tough questions:

- How robust is this user-focused intelligence?
- How does it inform our current plans?
- How are we refreshing, extending and communicating our customer insight?
- How are we translating it into future commissioning plans?
- Where is user-focused intelligence helping us to go as a health investor?
- How do we know that everyone is on the same journey?

▶ **Make sure the PPE assets are working for you and you don't have engagement gaps in the CCG's objectives for clinical services changes – especially managing long-term conditions, avoiding unplanned admissions, avoiding falls in elderly people and so on. Share what you have learned both inside and outside the CCG.**

▶ **Develop comprehensive business cases for PPE relating to commissioning objectives. Each QIPP objective needs a business case and PPE should be integral to it.**

Get Smarter – find out more

The Engagement Cycle 2009. *InHealth Associates* for Department of Health <http://bit.ly/HwqRdc>

The NHS Institute and *InHealth Associates* are updating the engagement cycle for the new commissioning landscape. To receive this updated guidance please email “Engagement Cycle” to patientexperience@institute.nhs.uk

Engaging Well case studies <http://bit.ly/qMWivj>

Economic case for PPE and business case support tool
<http://bit.ly/H2u7v6>

NHS Networks – Commissioning Zone <http://bit.ly/H8Xz57>

Andersson E, Fennell E, Shahrokh T for Involve 2011. Making the Case for Public Engagement: How to Demonstrate the Value of Consumer Input
<http://bit.ly/H5AKIP>

For information about the other guides in this series:
www.networks.nhs.uk/nhs-networks/smart-guides

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