Value-Based Commissioning

Sarah Price
Chief Officer, Haringey Clinical Commissioning Group
Outcomes for this meeting

- A shared understanding of what is meant by commissioning for value
- A shared understanding about how the CCG could use this approach to improve quality of care
- Informing the Board about the next steps
How do we currently commission?
Commissioning 2013

Our aims with commissioning are:
✓ To raise standards of care
✓ To promote people’s independence and wellbeing
✓ To offer the right care, at the right time in the right place

Under usual ‘Payment by Results’ we pay hospitals for activity
– Every time someone attends an outpatient clinic
– Every time someone has a diagnostic test
– Every time attends A&E
– Every time someone gets discharged from hospital their visit is ‘coded’. This code triggers payment.

The incentives for hospitals are to bring people in and to ‘treat’
Commissioning 2013

‘Block’ contracts for community services

– Community services (e.g. District Nurses, Community Nurses) receive an agreed annual payment
– This payment does not change in line with how many people are being visited or treated

Community Services have no financial incentive to offer more care.
Why we need to change
We want people to stay well

- So that we can focus on outcomes for people in Haringey
- We want to create the right incentives for:
  - enabling people to remain independent
  - recover quickly
  - remain well in mind and body
- To do this we need to focus on outcomes
We understand our health needs

• A young, ethnically diverse and mobile population
• High rates of smoking and increase in alcohol related harm
• High levels of common mental health problems
• A significant life expectancy gap
• 74% of over 65s have a long term condition
What are we doing?
Working on Value

- Patients, carers, clinicians, commissioners define outcomes which matter to a population group (e.g. people who suffer from psychosis, diabetes, mental health)
- Together we prioritise these outcomes
- We think about what and how we can measure
- We cost out a ‘year of care‘ or ‘bundle‘ for a patient group (e.g. frail elderly at high risk)
- Providers work together in new ways to deliver outcomes (e.g. keeping people well at home)
- Commissioners focus on monitoring outcomes
VALUE-BASED COMMISSIONING means changing how healthcare is organised, measured and reimbursed in order to improve the value of services.
The value-based system: Moving to a high-value delivery system has six interdependent elements
The North Central London Value Based Commissioning Programme

Who?

The five Clinical Commissioning Groups (CCG) in North Central London (NCL) (Camden, Enfield, Haringey, Barnet and Islington) have embarked upon an ambitious two-year programme to shift the focus of commissioning away from activity, towards delivering improved outcomes for people. This will help us to measure and achieve value (best outcomes for cost).

Why?

The NCL Value-Based Commissioning Programme aims to develop a common purpose across health and social care providers in order to achieve the best possible outcomes for people for every pound spent. Where such an approach has been implemented, as in stroke care across London, significant improvements in outcomes and cost have been achieved.

What?

Initially, the programme will focus on three population segments: Mental Health, Frailty and Diabetes building a common framework of outcomes across each care pathway and looking at new contracting mechanisms that will incentivise providers to work together to improve outcomes and drive out costs.

How?

The initial phase of this work (from now until the end of the year) will bring together a broad range of clinical experts, commissioners, providers and patients to define the outcomes that really matter to people. A three large stakeholder events are planned for November, which will be a fantastic opportunity to influence the definition of outcomes for these pathways.
Taking the Value Agenda Forward

**Barnet**
- Ann Mount
- Irina Goodluck
- Jean Aldous
- Juliana Bersani
- Karen Spooner
- Martins Charters
- Muyi Adekoya
- Tim Bowier

**Camden**
- Anne Schlattl
- Ben Ellis
- Celia Smith
- David Cryer
- Fran Gerlter
- Fredrik Johansson
- Helen Dunford
- Inti Khan
- Mousumi Basu-Doyle
- Nadia Raja
- Naser Turabi
- Pramod Prabhakaran
- Sam Jones
- Stuart Mackay-Thomas
- Suzanne Joels
- Tracy Brown

**Enfield**
- Adam Webber
- Graham MacDougall
- Jennie Bostock
- Naheed Rana
- Nasrin Hafezparast
- Paul Allen
- Rachna Chowla
- Sian Therese

**Haringey**
- Catherine Herman
- Delia Thomas
- Greg Battle
- Helen Joyce
- Helen Petendrides
- Helen Taylor
- Jonathan Carmichael
- Liz Evans
- Maurice Cohen
- Nicole Klynman
- Rachel Lissauer
- Rosaline Gray
- Sherry Tang
- Shirley Ip

**Islington**
- Andy Murphy
- Clare Henderson
- Clarissa Murdoch
- Dan Windross
- David Davis
- Liz Brutus
- Martin Kuper
- Michelle Wheeler
- Sue Newton
- Tina Jegede
- Sheena Nixon
- Susanna Dale

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**NHS**
- Barnet Clinical Commissioning Group
- Camden Clinical Commissioning Group
- Enfield Clinical Commissioning Group
- Haringey Clinical Commissioning Group
- Islington Clinical Commissioning Group

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**Listening Event**

what matters to people
The next phase of work
Programme Timeline & Objectives

<table>
<thead>
<tr>
<th>Capgemini / OBH / Beacon</th>
<th>NCL CCG leads</th>
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<tbody>
<tr>
<td>Phase 1</td>
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<td>Sep – Dec 2013</td>
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<tr>
<td>➢ Outcome framework definition across three Segments:</td>
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<td>➢ Prepare for contracting</td>
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<td>➢ Procure services</td>
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<td>➢ Build capability: Introduction to value</td>
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<td>➢ Planning and delivery of Outcome ASE Events</td>
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<td>➢ Set up and launch of Expert Reference Groups</td>
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<td>➢ Segmentation definition</td>
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<td>➢ Research of existing outcomes data</td>
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<td>➢ Survey service users to provide outcomes ideas</td>
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<td>➢ Establish data architecture, and data sources</td>
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<td>➢ Develop contract and reimbursement options</td>
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<td>➢ Agree detailed indicators/support IT suppliers to develop data collection systems</td>
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<td>➢ Data collection to baseline outcome frameworks</td>
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<td>➢ Develop activity and finance models to appraise options</td>
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<td>➢ Support CCG selection of preferred models</td>
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<td>➢ Build awareness and support in provider market</td>
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<td>➢ IT and legal requirements</td>
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<td>➢ Build capability: Contracting for outcomes</td>
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<td>➢ Build capability: Responding to value-based approaches</td>
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<td>➢ Understanding the different outcomes based contract types</td>
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<td>➢ Reimbursement options</td>
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<td>➢ Understanding how IT systems underpin value-based approaches</td>
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<td>➢ Using real UK cases to illustrate implementation challenges</td>
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<td>➢ Whole pathway outcomes measures</td>
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