PRUComm

POLICY RESEARCH UNIT IN COMMISSIONING AND THE HEALTHCARE SYSTEM

Examining the impact of the Health and Social Care Act
Research seminar examining developments in the English health system 2013-15

Thursday 26th March 2015
10am to 4pm
George Fox Suite, 2nd Floor, Friends Meeting House, Euston, London.

This seminar has been organised by the Policy Research Unit in Commissioning and the Healthcare System. The aim of the day is to discuss issues related to commissioning policy in England.

Agenda

9.30 **Registration and refreshments**

10.00 – 10.20 **Welcome and introduction: Professor Stephen Peckham, Director PRUComm**

10.20 – 10.40 **Dr Sara McCafferty, Senior Policy Advisor, NHS Strategy & Delivery Team: Policy update – Department of Health priorities and main workstreams**

10.40 – 11.25 **Dr Imelda McDermott and Dr Anna Coleman: GP-added value in commissioning: What works, in what circumstances, and how?**

11.25 – 11.45 **Coffee**

11.45 – 12.30 **Dr Donna Bramwell: 'Dissolving Barriers'? Joining up General Practice and Community Health Services**

12.30 – 13.30 **Lunch**

13.30 – 14.15 **Dr Erica Gadsby and Neil Perkins: PHOENIX: Public Health and Obesity in England – the New Infrastructure Examined**

14.15 – 15.00 **Dr Dorota Osipovic: Understanding the rules: actors' views on the competition regime of the Health and Social Care Act 2012**

15.00 – 15.45 **Dr Pauline Allen: Contracting in the English NHS: recent evidence on financial matters**

15.45 – 16.00 **Stephen Peckham: Current PRUComm research programme**

16.00 **Close**

CHSS University of Kent Centre for Health Services Studies

London School of Hygiene & Tropical Medicine

MANCHESTER 1824 The University of Manchester

- **PRUComm was established in 2011**
- **It is one of a number of Department of Health Policy Research Units**
- **PRUComm is a collaboration between the Service Delivery and Organisation Research Group at the London School of Hygiene and Tropical Medicine; the Health Policy, Politics and Organisation Group in the Institute of Population Health, University of Manchester and the Centre for Health Services Studies at the University of Kent.**
- **Research projects cover a broad spectrum of healthcare commissioning and health system issues**
- **PRUComm aims to deliver high quality, timely research to support healthcare practice and policy**

Over the past two years PRUComm's research activities have expanded to include new projects on the public health system in England and research on competition and collaboration. We have also continued our research on the progress of Clinical Commissioning Groups and undertaking responsive research for the Department of Health. This is the fourth research seminar where we have presented our research work. We have also continued to develop close working relationships with the NHS Commissioning Policy and Sponsorship, NHS Group within the Department's Policy Group. PRUComm also now works to a programme of work agreed with a newly formed Advisory Group chaired by the Department of Health key policy lead.

Since the establishment of PRUComm in 2011 our research has focused on examining how the changes to the English NHS and public health system have developed. We continue to examine the development of clinical commissioning groups and the new commissioning structures. We have also started exploring how issues of competition and collaboration are being managed within the new system. While most media attention has focused on changes to the commissioning and delivery of healthcare, the shift of public health to local authorities was a major part of the reforms introduced in April 2013. PRUComm is researching progress and developments in the public health system with a particular emphasis on how governance and organisational structures develop and whether being embedded within local councils changes the way that public health services are provided. We are also focusing more on primary and community health care with two recent projects examining funding and integration and our research on CCGs now exploring primary care co-commissioning. Given the increasing policy emphasis on this area of healthcare we anticipate that we will be increasingly involved in further research on primary and community care. All these topics will be explored in today's seminar with presentations by researchers from PRUComm.

Professor Stephen Peckham
Director.

PRUComm research projects:

The development of Clinical Commissioning Groups

The first phase of our study (September 2011 – May/June 2012) reported an early evidence from the development of Clinical Commissioning Groups (CCGs). During the first phase, we gathered a number of claims from participants about the 'added value' that clinicians (particularly GPs) bring to the commissioning process. These claims have generally centred on the value of having clinicians present in negotiations with providers and the ability of clinicians to influence their colleague's behaviour. During 2013/14 we have been exploring these claims in more depth with a particular focus upon the claims about clinician 'added value' and to elucidate the contexts and factors that enable or inhibit the delivery of these benefits. The research has involved detailed case study research in CCGs that have provided an excellent coverage of different contexts and characteristics.

The findings from our research highlight two aspects of GP's knowledge and experience that are important for commissioning i.e. that they are *fine-grained* and *concrete*. As front-line clinicians seeing significant number of patients, GPs are able to aggregate their knowledge about individual patients allowing them to provide an overview of the whole systems. Their knowledge is also based upon real experiences of particular services rather than statistical evidence. We have also been using observational methods to explore the extent to which the new system enables and facilitate the mobilisation of this knowledge and the impact this mobilisation has on the commissioning process.

Moving Services out of hospital: Joining up General Practice and community services?

Closer collaboration between primary care and community health services is a clear objective of the most recent NHS reforms and is central to proposals in the *Five Year Forward View.* Currently, there is much emphasis on integrating healthcare services and in particular, moving care closer to home and out of the acute care setting by utilising Community Services and Primary Care. In 2014 PRUComm was asked to review the evidence about what factors should be taken into account in planning for the closer working of primary and community health/care services in order to increase the scope of services provided outside of hospitals. We synthesised the findings of recent reviews of the published literature seeking to examine evidence identify what factors should be taken into account in planning for the greater integration of primary and community care services in order to increase the scope of services provided outside hospitals. We examined evidence focused at three different levels:

- Micro-level – factors affecting the effectiveness of multidisciplinary team-working
- Meso-level- the impact of service organisation and delivery issues, including population coverage and service location
- Macro-level – structural issues, such as ownership models and financing

We found that 'scaling up' primary and community services in order to provide more care outside hospitals will require general practices and their community service colleagues to work together in new ways. In particular our findings highlighted that:

- Good multidisciplinary team working depends crucially on communication. Initiatives to improve community-based care should be allowed to develop from the bottom up, building upon successful local collaborations, rather than imposing a model from above
- Aligning the populations covered by different services may be facilitative. This may be achieved by the local development of models of collaboration based around federations of practices working with community teams, but such models will need careful evaluation to identify the important ingredients for success in particular contexts
- There is no good evidence that any particular ownership models (eg TSO, public sector or private provider) are better than others. There is also no good evidence about the impact on service provision of ownership by different types of provider (eg acute providers, mental health providers or standalone services). Fragmentation of providers may make good service provision more difficult, as it inhibits communication.
- The lack of data about community service activity is a significant problem. In particular, this makes it very difficult to know what services actually cost, and prevents the development of clear guidance about the staffing levels required to provide services for a given population.
- There is no available evidence about the cost-effectiveness of models of community services.

Competition and Co-operation

We are in the process of investigating the way in which Clinical Commissioning Groups (CCGs) use the range of commissioning mechanisms at their disposal to ensure that cooperative behaviour can appropriately coexist with competition between providers both of which are being encouraged by the Health and Social Care Act 2012. We are using theories of 'co-opetition' (i.e. strategies by which organisations compete and co-operate simultaneously to mutual benefit), along with other theoretical concepts such as new institutional economics, networks and relational contracting to understand how and why CCGs decide whether to use competition or more cooperative processes in their local health economies. The research questions are:

- How do commissioners and the organisations they commission from understand the regulatory and policy environment, including incentives for competition and co-operation?
- How do commissioning organisations and providers approach their relationships with each other in order to undertake the planning and delivery of care for patients?
- How do commissioning organisations use or shape the local provider environment to secure

high quality care for patients? This entails examining how CCGs' commissioning strategies take account of the local configuration of providers and the degree to which they seek to use or enhance competition and/or encourage cooperation to improve services.

There has been a large number of guidance documents and regulatory decisions issued by the regulators (Monitor, the Office for Fair Trading, and the Competition Commission) and other NHS bodies (mainly NHS England). In the first year of the study, we have found that both commissioners and providers are confused about the current rules governing the use of competition.

Study of the use of contractual mechanisms in commissioning

This project was developed in response to the Department of Health's need for research to investigate how the NHS standard contract document is being used in practice. In particular, the operation of contractual financial levers designed to improve quality of care and pricing mechanisms in the contract are of interest. We investigated how commissioners negotiate, specify, monitor and manage contractual mechanisms to improve services and allocate financial risk in their local health economies, looking at both acute services and community health care. The latter is a particularly under researched area, where contracting will become increasingly important as provider services become increasingly separated from commissioning organisations and more diverse types of providers develop. The research questions were:

- What is the range of formal provisions, including positive and negative financial levers in respect of quality of care in contracts across the English NHS?
- How are contractual financial levers negotiated, specified, monitored and enforced in practice?
- How does contracting at local level relate to and dovetail with any national level contracting undertaken by NHS England.
- How are prices set? In particular, how are prices for services not included in current tariffs negotiated?
- What payments are actually made to providers?
- How do these relate to the prices agreed at the outset?
- What are the effects of the use (or non-use) of contractual mechanisms on service improvement and allocation of financial risk?

Our interim report showed that while commissioners are happy to use financial levers to encourage improvement in the quality of care, in some areas it has not been possible to adhere to the national pricing rules in respect of 'payment by results', due to financial constraints in some local health economies. These findings were used by Monitor to help them design the new national pricing rules for the contract year 2014/15. A final report was produced at the end of 2014 and will shortly be available on our website.

PHOENIX: Public Health and Obesity in England – the New Infrastructure Examined

The PHOENIX project has been exploring the impact of structural changes to the health and care system in England on the functioning of the public health system, and on the approaches taken to improving the public's health.

In 2013 we completed a scoping review involving an analysis of Department of Health policy documents (2010-2013), responses to those documents from a range of stakeholders; conducting semi-structured interviews with key informants; and analysing the oral and written evidence presented at the House of Commons Communities and Local Government Committee on the role of local authorities in health issues. We gathered data from local authority (LA) and Health and Wellbeing Board (HWB) websites and other sources to start to develop a picture of how the new structures are developing, and to collate demographic and other data on local authorities. A number of important themes were identified and explored during this phase. The key points related to three themes - governance, relationships and new ways of working.

The reforms have had a profound effect on leadership within the public health system. Whilst LAs are now the local leaders for public health, in a more fragmented system, leadership for public health appears to be more dispersed amongst a range of organisations and a range of people within the LA. At national level, the leadership role is complex and not yet developed (from a local perspective). Accountability mechanisms have changed dramatically within public health, and many people still seem to be unclear about them. Some performance management mechanisms have disappeared, and much accountability now appears to rely on transparency and the democratic accountability that this would (theoretically) enable. The extent to which 'system leaders' within PHE are able to influence local decisions and performance will depend on the strength of relationships principally between the LA and the local Public Health England centre. These relationships will take time to develop.

Many people have faced new ways of working, in new settings, and with new relationships to build. Public health teams in LAs have faced the most profound of these changes, having gone from a position of 'expert voice' to a position where they must defend their opinions and activities in the context of competing demands and severely restricted resources. Public health staff may require new skills, and may need to seek new 'allies' to thrive in the new environment.

Presenter biographies

Dr Pauline Allen

Pauline is Reader in Health Services Organisation and Head of the Department of Health Services Research and Policy at the London School of Hygiene and Tropical Medicine. After a career as solicitor (i.e. lawyer) practising company commercial law for some years, she started an academic career by working in the English National Health Service (NHS) in a district public health department and writing a PhD on the legal and economic aspects of the NHS internal market. Her research interests include socio-legal theory, institutional economics and organisational theory, which she uses to investigate governance issues in the NHS and other countries (such as China). She has published widely about the English NHS in journals such as Public Administration, Social Science and Medicine and the Millbank Quarterly.

Dr Donna Bramwell

Donna is a medical sociologist with interests in healthcare system organisation and workplace health. Since completing her PhD in 2013, Donna has held the post of Research Associate with the Health Policy, Politics and Organisation group at the University of Manchester. She is currently involved in the PHOENIX research project exploring the transition of Public Health to Local Authority control.

Dr Anna Coleman

Anna is an experienced qualitative researcher based at Manchester University. She has a background in research and policy in local government and since 2000 has researched in the areas of health policy, partnership working, health scrutiny and commissioning. She has recently been working on the introduction of Clinical Commissioning Groups, Health and Wellbeing Boards and changes to the Public Health system.

Dr Erica Gadsby

Erica is a Research Fellow at CHSS at the University of Kent with 13 years' experience working in public health, health policy and systems research. She is currently working with PRUComm examining how recent health sector reforms are affecting the commissioning and delivery of public health services, with a specific focus on obesity and weight management. She has also worked on another PRUComm study, exploring the development and impact of Clinical Commissioning Groups. She has particular interests in health systems, policy making and implementation processes, international public health, and personalisation of healthcare.

Dr Imelda McDermott

Imelda has been researching the development of Clinical Commissioning Groups (CCGs) since its inception. Her current research focus is on healthcare policy in commissioning and her area of interest is the organisation of health services. She is based at the University of Manchester and has an expertise in analysing the use of language in documents and talk. She has recently developed an interest in the use of realist evaluation.

Dr Dorota Osipovič

Dorota is a PRUComm researcher with background in sociology and qualitative methods. Currently she works on a project exploring the interplay between competition and cooperation in local health economies in England. She holds a PhD in sociology/social policy from University College London.

Professor Stephen Peckham

Stephen is Director of the Department of Health funded Policy Research Unit in Commissioning and the Healthcare System and is Professor of Health Policy and has a joint appointment as Director of the Centre for Health Services Studies at the University of Kent and as Professor of Health Policy in the Department of Health Services Research and Policy at the London School of Hygiene and Tropical Medicine. Stephen has over twenty years of academic research experience and previously worked in local government and the voluntary sectors. From 2002 to 2006 he was a non-executive director of a Primary Care Trust and has been a member of a number of research commissioning boards for NIHR and national charities. His main research interests are in health policy analysis, organisational and service delivery, primary care and public health. He is currently leading PRUComm's research on the public health system as well as being involved in research on the primary and community care workforce and integrated care.

Neil Perkins

Neil is a Research Associate at the University of Manchester. He is currently engaged in a study examining the impact of the structural changes to the health and care system in England, in respect of the functioning of public health and the approaches taken to improving the health of the public. Prior to this, he worked at the Centre for Public Policy and Health, Durham University, where he was engaged in a research study exploring the impact of public health partnerships in affecting public health outcomes and health inequalities and recently co-authored a book on partnership working in public health. Previously, he worked on a three-year study commissioned by the Department of Health on the impact of partnership working in safeguarding vulnerable adults from abuse. Neil's research interests include partnership working in health and social care, poverty, social exclusion, 'race' and community development.