

# PATIENTS IN CONTROL

Commissioning to reduce readmissions and improve post acute care

9<sup>th</sup> January 2015



# Learning outcomes

- Develop **knowledge and understanding** around patients in control programmes
- Examine **emerging good practice**
- Understand the **options for incentivising and measuring** impact of patients in control programmes
- Consider how to **apply learning back in CCGs**
- Develop an **action plan** for taking forward the commissioning of patients in control programmes in your CCG
- **Network** with other commissioners

# PATIENTS IN CONTROL IN CONTEXT



# Policy context

'The (CCG) Board must in the exercise of its functions promote the involvement of patients and their carers and representatives (if any), in decisions which relate to

- a) The prevention of diagnosis of illness in the patients
- b) Their care or treatment'

S.14U of the Health and Social Care Act 2012.....

*Everyone with a long-term condition, including people with mental health problems will be offered a personalised care plan that reflects their preferences and agreed decisions '*  
NHS Mandate

**By 2015 80% of all CCGs will be commissioning to support patients' participation and decisions over their own care. (A plan to be in place to do so by December 2013)**

**NHS England Business Plan (Putting Patients First) 2015**

**Commitment that by April 2014 people with NHS continuing care have a right to ask for a personal health budget, including a direct payment. People who could benefit will have the option of a personal health budget by 2015.**

# Drivers

Health as a 'market place' –  
patient as **consumer** with  
choice

Patients have **rights** and  
**responsibilities**

**Economic** – minimising state  
spending through co-producing  
long term health for self and others


Encouraging better health outcomes through  
**behaviour** change

**Ethical** – patients should be  
involved in decision making and  
care management.




Outcomes – recognising that  
each patient plays a key part in  
their health **outcomes**

'I am the expert on me' – **value**  
**for money** through tailored care

# The House of Care




[www.england.nhs.uk](http://www.england.nhs.uk) [@NHSEngland](https://twitter.com/NHSEngland) 0113 825 0861 [england.nhs.participation@nhs.net](mailto:england.nhs.participation@nhs.net)

## TRANSFORMING PARTICIPATION IN HEALTH AND CARE

'The NHS belongs to us all'

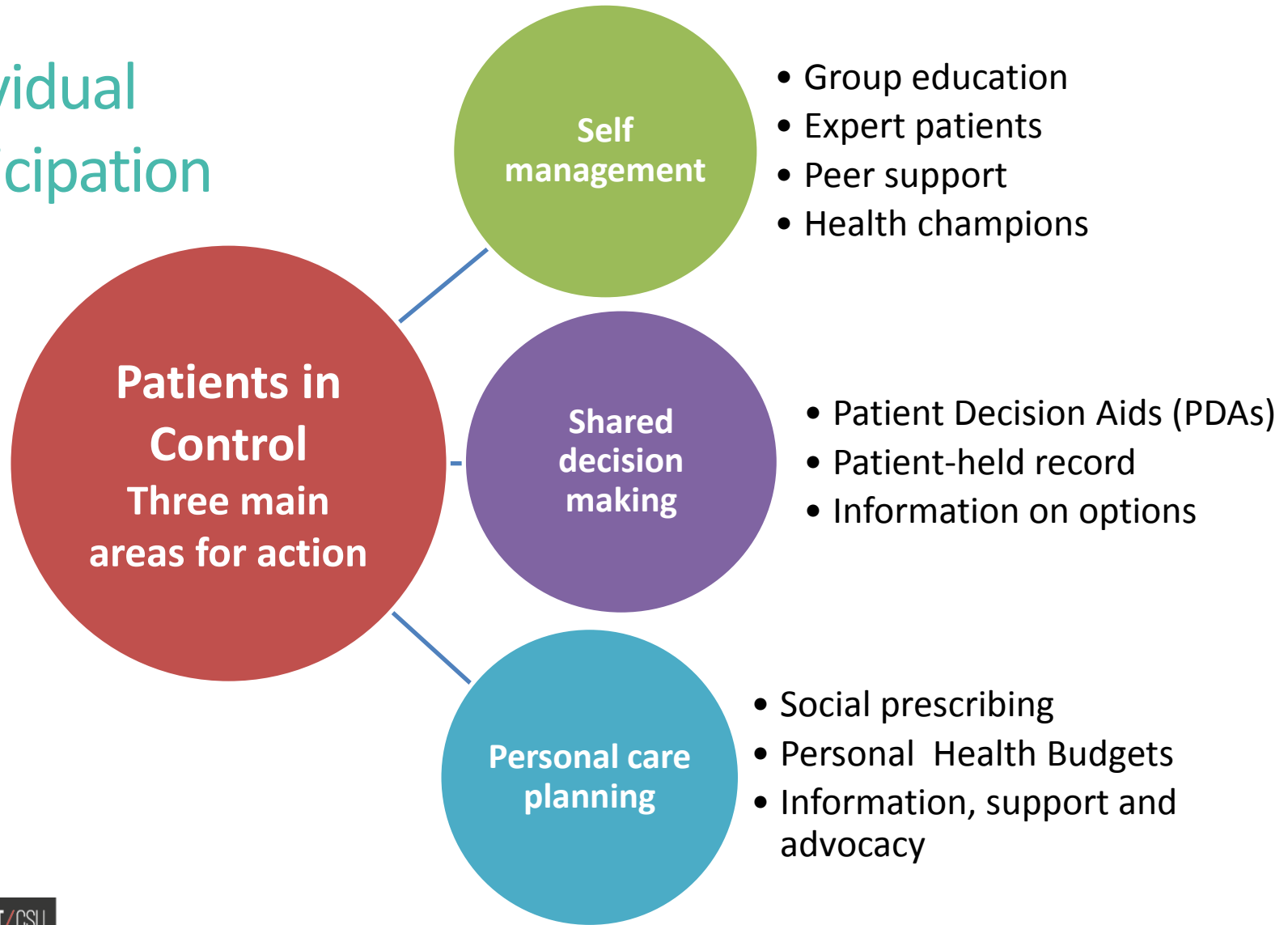
SEPTEMBER 2013  
Patients and Information Directorates, NHS England  
Publications Gateway Reference No. 00381

 This is an interactive PDF. To navigate, use the arrow buttons on either side of each page or locate a specific section using the tool bars within the document.



# A 'new conversation'

## Individual Participation

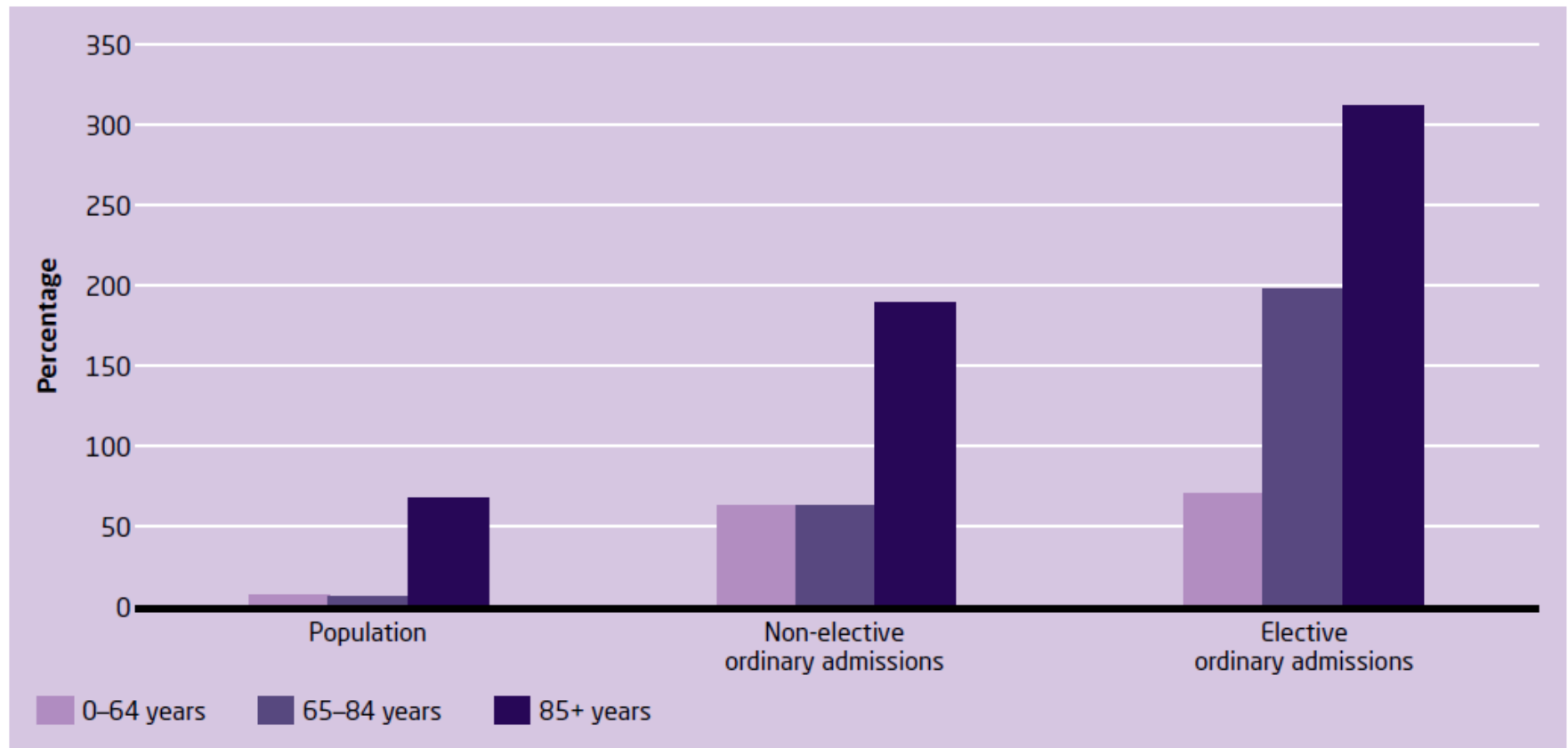


# Why is there the need to “commission differently”?

- Commissioners in London CCGs told us they want to:
  - Understand key PiC concepts
  - Learn from emerging practice
  - See clear evidence of the financial benefits
  - Understand how to embed PiC in commissioning
  - Explore new partnerships
  - Create the culture change needed



## Growth in activity over past 20 years, by age group, England, 1989/90–2009/10



Source: The King's Fund Time to Think Differently web page. Available at: [www.kingsfund.org.uk/time-to-think-differently/trends/demography/ageing-population](http://www.kingsfund.org.uk/time-to-think-differently/trends/demography/ageing-population)

# Reducing readmissions: priorities

- 3-11% of patients return to hospital within 28 days and for longer stays
- Emergency hospital readmissions have risen sharply for those 75 and over.
- Reducing the occurrence of hospital readmission – key NHS priority
- Improves quality of life for people with LTCs, as well as reducing pressure on hospitals

# Reducing readmissions and putting patients in control

- Early discharge planning and referral to community services - reduce readmissions by 15%
- Post-discharge support - more personalised care
- Care co-ordination – pro active and bringing services together around needs of service users
- Holistic focus – support to become more independent at home

# Reducing readmissions:

- **Brainstorm:** What type of patients in control programmes aiming to reduce readmissions and improve post acute care have you come across?
- **Identify:** 3 main benefits you might expect from these?
- **Discuss:** How soon might you expect to see these benefits and for how long?

# LEARNING FROM EXPERIENCE



## Case studies:

- Meet and Greet (Luton CCG)
- Community geriatrician project (Ashford CCG/East Kent hospital)

# Discussion

- What are your main reflections from hearing about these projects?
- How would you embed and scale up these approaches in your CCG?

# INCENTIVISING AND MEASURING PIC PROGRAMMES





# Resources to support your programme's success

## Menu of incentives

Support commissioners, practitioners and providers to:

- **Identify incentives** that can be used to make Patients in Control programmes more likely to be offered and to be used
- Understand **how to implement** those incentives

## Menu of measures

Support commissioners, practitioners and providers to:

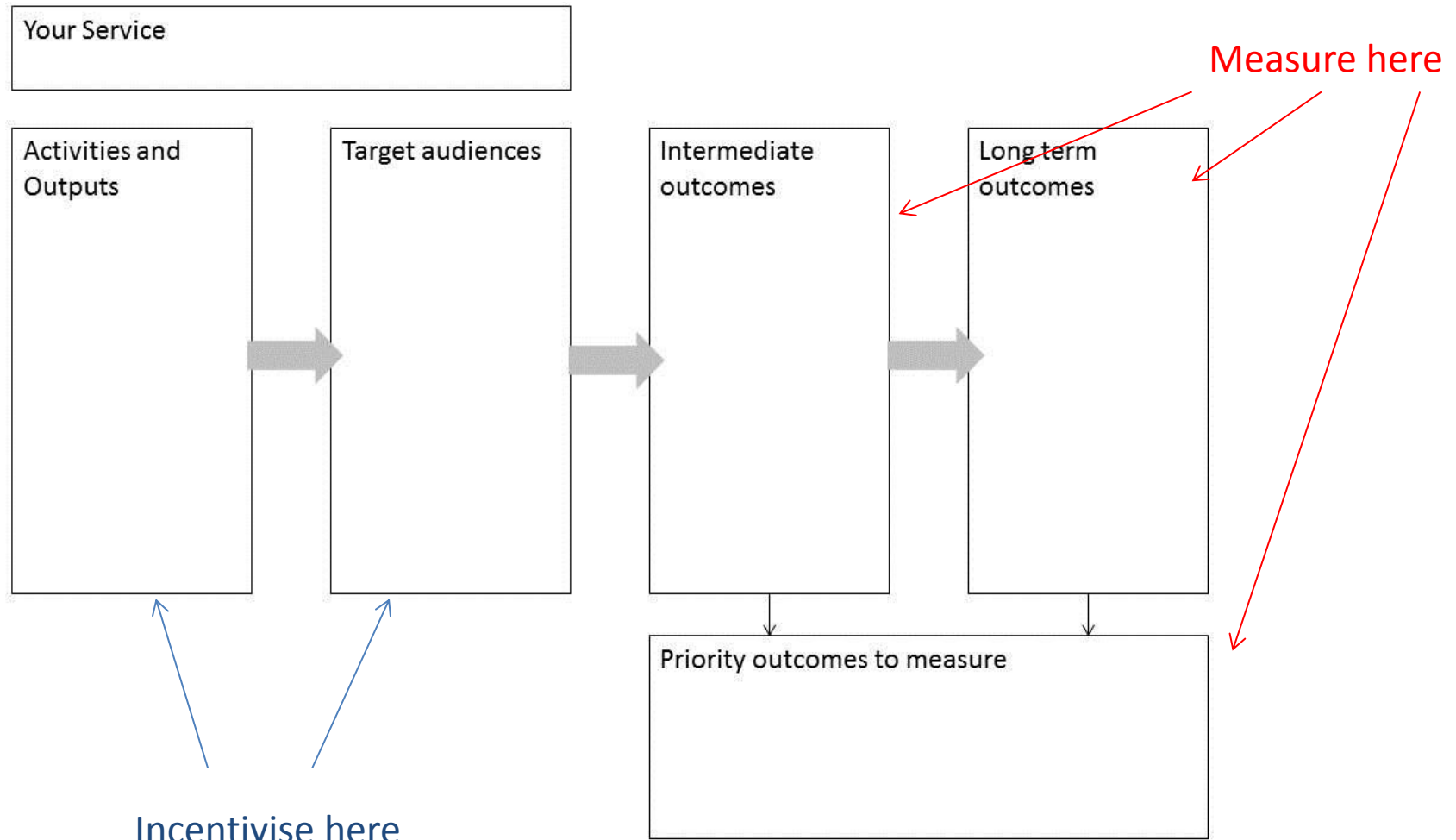
- **Select measurement tools** that can be used to assess the success of Patients in Control programmes

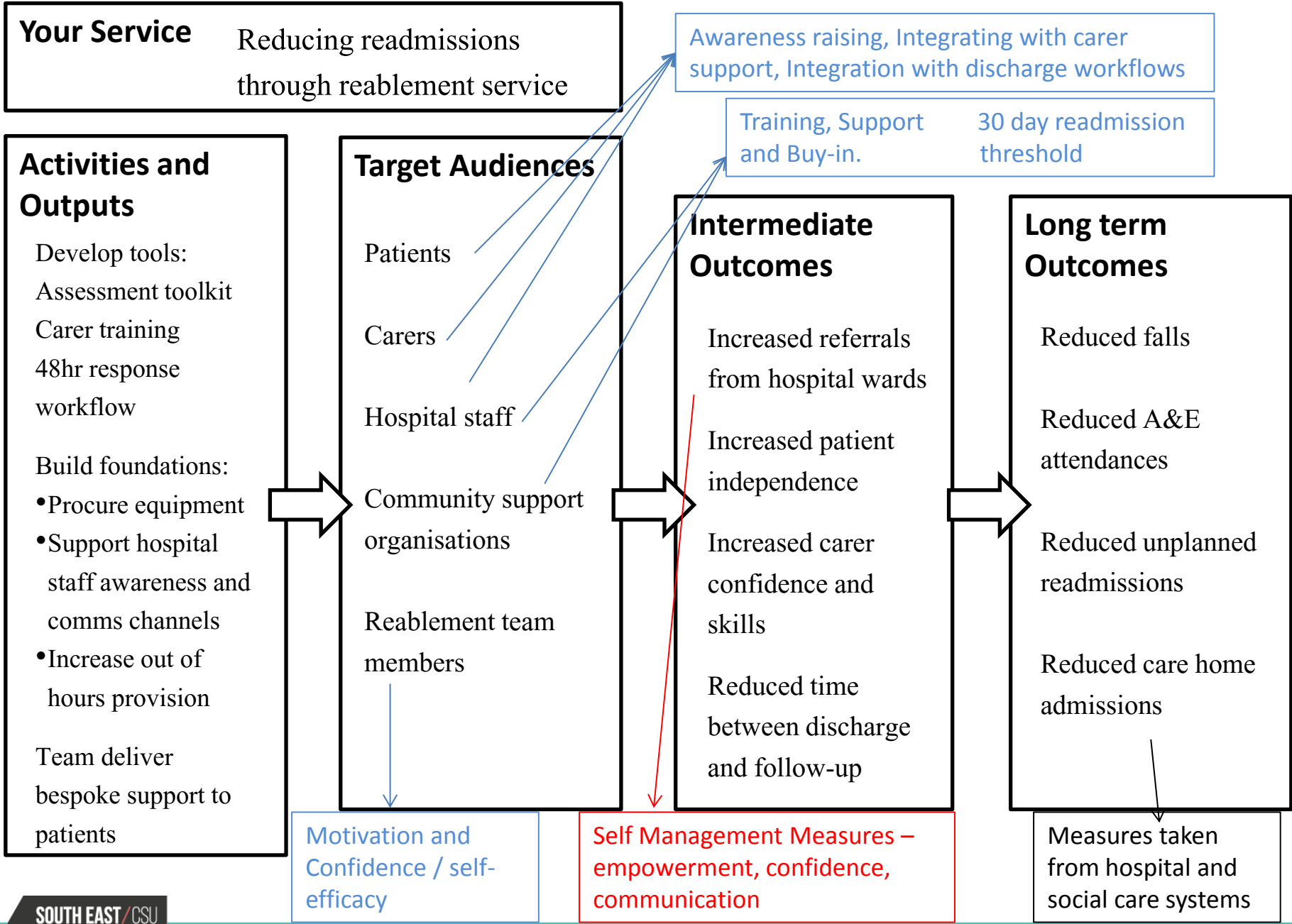
Both rely on understanding your programme, your audience and selecting the right tools

# Key questions:

- Who do you need to influence to make your PiC prevention programme happen?
- Who do you need to influence to make sure your programme will continue to be funded?
- What evidence or information do these audiences require?

# Understanding your Pathway to Outcomes





# Incentivising uptake

## Targeting and messaging

- Identify your **audience**: within CCG, and beyond CCG
- Understand what **motivates** your audience and what **barriers** may prevent them from taking on your messages

## Identifying levers (financial)

- Existing mechanisms tend to support **consistency at national level**, while enabling local flexibility
- Opportunities to **link PiC to national levers** and to local priorities
- Importance of having **good indicators**

## Recognising other enablers

- Financial incentives/levers, alone, may not be enough
- **Knowledge, confidence and capacity** of relevant practitioners
- Capacity of partners (e.g. community & voluntary sector)

# Examples of incentives

## QOF

- Mental health - % with a care plan agreed with practitioners and patient.
- Cancer care - % with a patient review within 6 months of diagnosis.
- Arthritis - % with face to face review in last year.

## CQUIN – potential indicators

- People using mental health services are actively **involved in shared decision-making and supported in self-management** (#136)
- People approaching the end of life are offered comprehensive holistic assessments in response to their changing needs and preferences, with the **opportunity to discuss, develop and review a personalised care plan** for current and future support and treatment (#175)

Or **develop your own.**

# Other sources of local incentives

Do you have funds to invest in bespoke contracts?

## Sources of funds:

- **Quality Premiums** – financial reward to CCGs for achieving quality outcomes
- **Local Improvement Schemes** – increased jurisdiction for CCGs to invest in Primary care
- **Better Care Fund** – funding to transform local care provision
- **Trusts and Charities** – direct investment for specific programmes

## Investment methods

- **Additions to contracts** with existing providers
- Contracts with **new local providers**

See Year of Care – GP training and support scheme

# Other enablers and support

Implementing a programme that enables uptake

## **Sell your programme effectively**

- Target communications at audience's key messages
- Utilise range of channels, including peer to peer.

## **Enable practitioners, partners and patients to take action**

- Skills, knowledge and confidence
- Targeted training, support and capacity building
- Build local support from partner organisations



# Measures demonstration

SOUTH EAST/CSU



HOME

PATIENT & PUBLIC  
PARTICIPATION

## PERSON CENTRED CARE

- > **Tools and Resources**
  - > Database of patient centred care resources and tools
  - > **Resources to support measuring change**
    - > Incentives to make patient centred care a reality
    - > Workshops to support commissioning differently
- > Good Practice
- > Leadership Development

## RESOURCES TO SUPPORT MEASURING CHANGE

### Putting Patients in Control: Measuring success

Demonstrating the success of your programme is essential to maintaining the programme and extending its reach. Gathering robust evidence of the programme's impacts and demonstrating how and where the successes have been achieved can be a challenge for many programmes.

This menu of tools is designed to support Commissioners, Providers or Practitioners to effectively measure whether Patients in Control programmes are making progress.

The menu provides a searchable database of validated measurement tools. The tools provide support for measurement of shared decision-making in the consultation and patient self-management.

In understanding whether there have been changes in shared decision-making and self-management, the tools consider impacts against a range of themes, these include:

- Patient empowerment
- Patient-Practitioner communication
- Patient participation
- Decision certainty
- Support for self-management

To support the implementation of these measurement tools, and the development of a robust and rounded evaluation approach, a support guide has been developed. The guide includes instructions to use the menu of tools as well as guidance to build a programme evaluation plan which guides the selection of the most appropriate measures.

### SUPPORTING DOCUMENTS

- [Putting Patients in Control Measuring Success](#)
- [Putting Patients in Control Menu of Measures](#)

SOUTH EAST/CSU

# Reflections

- Are your audiences clear?
- Do you have the resources to collect the information they want?
- What other challenges do you foresee?

# IMPLICATIONS FOR COMMISSIONING



## Key questions: based on your current understanding of commissioning reducing readmissions programmes:

- What are the **implications** for your CCG? What could you do differently?
- Who do you need to **work with** internally and externally?
- What **barriers** to you envisage?
- What **skills** need to be developed in your CCG (and in other stakeholder organisations) to successfully implement these programmes?