




MEANINGFUL CUSTOMER FOCUS
In a changing NHS landscape



22.04.2008 *Christine O'Connor, Chief Executive, Catch On Group*

One day Alice came to a fork in the road
And saw a Cheshire cat in a tree.
'Which road do I take?' she asked.
His response was a question: 'Where do you
Want to go?'
'I don't know' Alice answered.
'Then' said the cat 'it doesn't matter.'

Alice in Wonderland: Lewis Carroll

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“England, Wales, Scotland and Northern Ireland are setting different priorities for health care within the founding principles of universal treatment based on need, not ability to pay”

January 2008
Dr Gill Morgan
Chief Executive of the NHS Confederation


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The Differences

- England has an internal market
- Waiting Times are shorter in England
- Nursing care and social care for the elderly is free in Scotland
- Patients in Scotland have access to some drugs that similar patients in England are not eligible for
- Wales has put much greater emphasis on public health
- In Wales prescriptions are free
- Northern Ireland has integrated health and social care

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Pub Landlord's Quiz

- Where do you go if you have a Long Term Condition?
- Where do you want to grow old?
- Where do you go if you want it now?
- Where do you go if you want it all without gaps?



But is there more to it than this....



The Targets

- Reduce Smoking
- Reduce Hospital Acquired infections
- Reduce Waits for elective surgery
- Reduce Waits for A&E
- Improve Access to GP
- Shorter waits for Cancer diagnosis & Treatment
- Fewer Teenage pregnancies
- Reduce Binge Drinking
- Reduce Illicit Drugs use
- Suicide Prevention

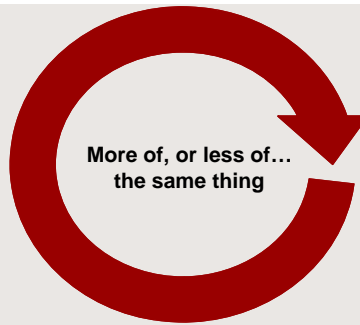
WHICH
COUNTRY
IS THIS?

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The Mechanism to Achieve These

- First order change



*Hitting the target; when the clock starts; minimum wait times;
coping with 'on hold' patients for Department of Health monthly
returns; data capture forms...*

tighter control and scrutiny; principles and definitions

Source: from Paul Plsek and Helen Bevan's creativity presentation
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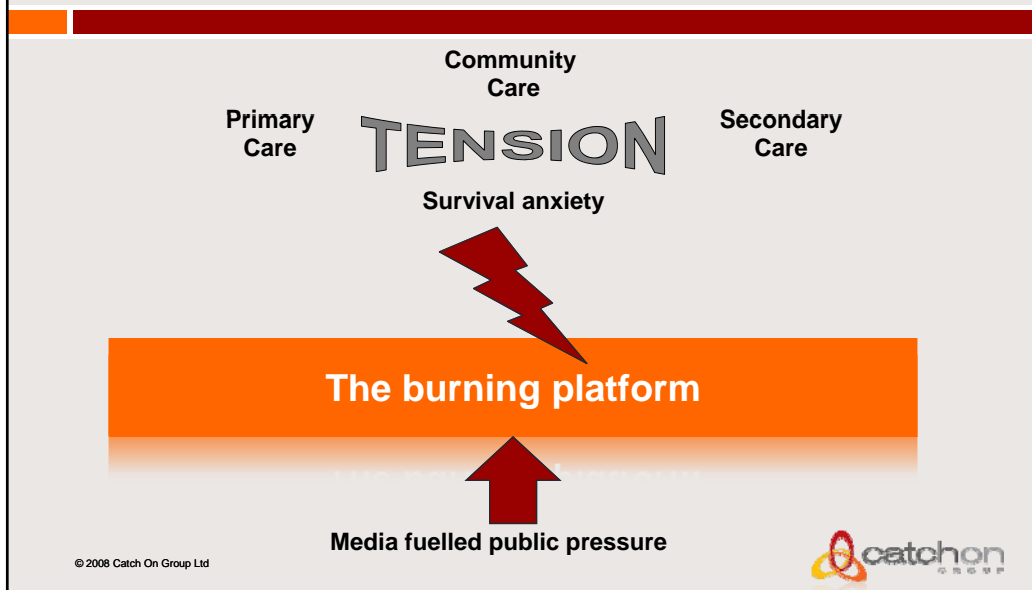
The challenges are still growing

- Resources are limited
- Ageing and growing population
- Increasing incidence of long term conditions
- Increasingly multiple LTC
- Obesity

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The pressure for change



The drive towards WCC

- Local health **investor** not funder
 - ▣ Core task is to invest and achieve greatest health gains and reductions in health inequalities at best value
- **Transformational** organisation
 - ▣ Tasked with shaping the health experiences and outcomes for local individuals and communities
 - ▣ Visionary, inspiring leadership; motivated workforce
- Work **collaboratively** as community leader
- Lead strong, continuous **clinical engagement**
- Drive outstanding **knowledge management** capability
- Shape and reform the market: **supply chain management**
- Clear **financial** strategy

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The role of practice based commissioning

- Integral part of commissioning
- The local effective 'in house' commissioning capacity
- Maximise to drive transformational change
- Link to strong PEC within PCT providing a visible focus for clinical leadership within the PCT
- Foundation of commissioning decisions locally
- Identify changes to clinical services
- Enable reconfiguration as part of a planned and managed process
- Vehicle for frontline innovation and sustainable service change
- The foundation for the shift to Integrated Provider Organisations

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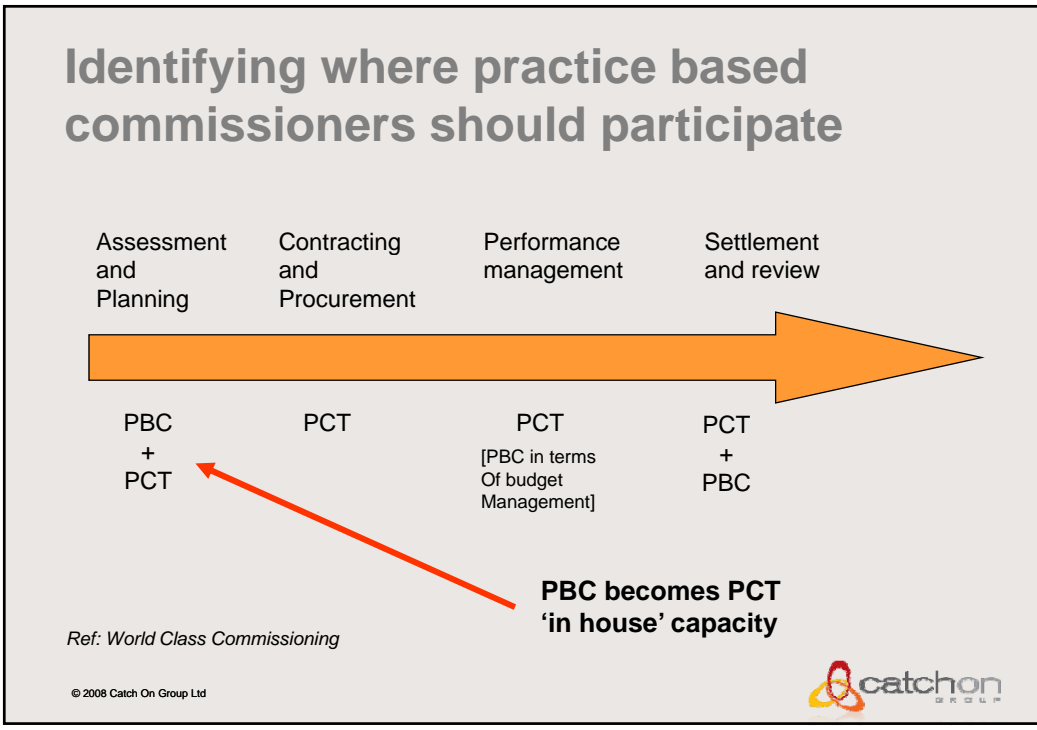
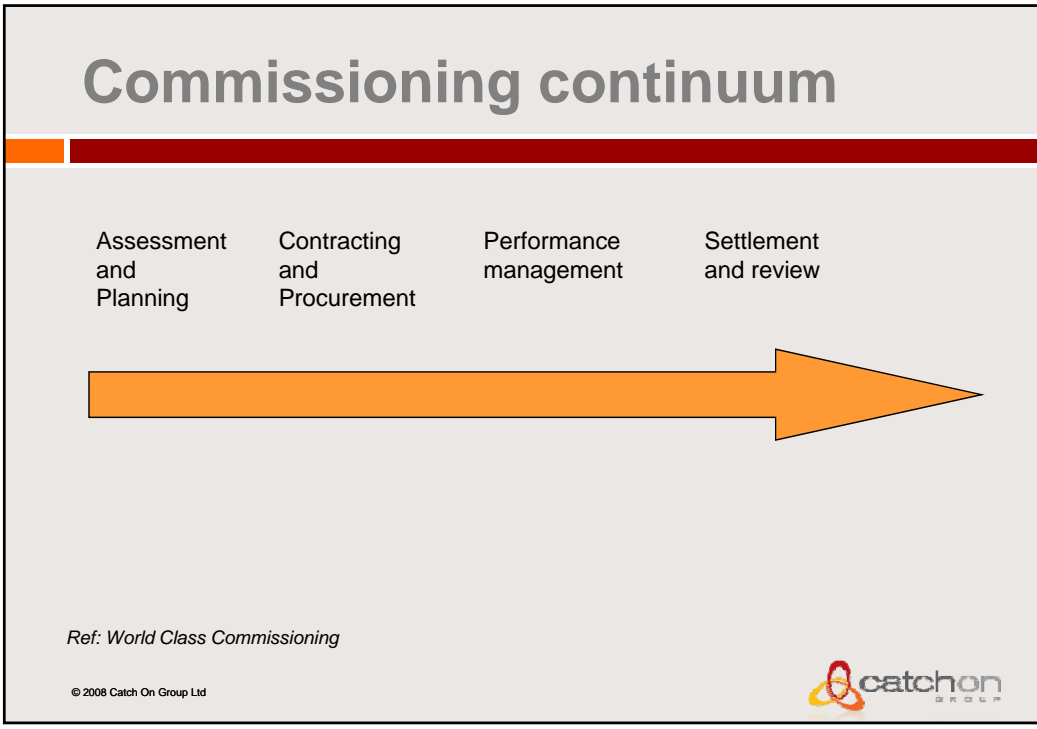


What is commissioning?

- A process which enables tax payers money to be **invested** in the provision of local services
- Based on an **understanding** of local need and workforce and facilities availability/requirement
- Delivered via a **structured** and understood **contractual** vehicle which is explicit in its expectation
- **Managed** via agreed **outcomes** indicators and regular information analysis
- **Reviewed** annually and reappraised on a three year rolling basis

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What is commissioning in terms of the NHS designed to do?

- Enable current local health and social care systems to be transformed safely
- Drive waste out of the system
- Standardise process and access to reduce inequities across the country
- Create accountability at point of decision making and delivery for the use of tax payer investment
- Ensure the most vulnerable members of our society are adequately protected

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Some key facts to understand

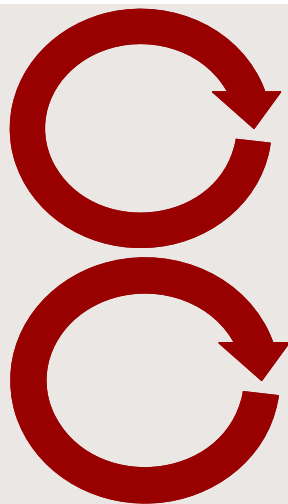
- Commissioning is not provision; it is not about GPs providing services
- Commissioning is not about making money it is about reconfiguring the use of resources and releasing resources to provide new and improved ways of delivery
- Commissioning requires structured process and support at the interfaces to enable it to work effectively and help the management of sometimes challenging dynamics
- To have impact the overarching approach to commissioning must be shared by all those involved in the commissioning process; it must not enable an isolationist or self interest mentality
- Commissioning is designed to transform all aspects of current care provision including general practice

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What do we do now?

- Second order change



**Sit back...
Reframe...
See the big picture...**

*Drive out the waste and variation in the system;
link wait time, cost and clinical quality; analyse
comparative performance; make a compelling
case; sign people up for change; create the
capacity and capability;*

**Radical pathway and system
redesign**

Source: from Paul Plsek and Helen Bevan's creativity presentation
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Beginning to think differently

- Change is a frame of mind, not a technique
- We have to think differently about what we do
- We must apply ourselves in different ways
- We have to get involved



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*“Energy, not time,
is the fuel of high performance”*

Loehr J and Schwartz T, 2003

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Organisational energy audit


Source: adapted from Organizational Energy Audit, CLEAR IMPACT Consulting Group

What sum of money does my organisation (or team or department) spend on staff?

£165 million

Assume that 100% is the total currently available energy and resources

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Organisational energy audit

Source: adapted from Organizational Energy Audit, CLEAR IMPACT Consulting Group

Approximately what % of that energy is currently wasted due to inefficiencies from such things as:

- Time and energy spent in unfocussed, inefficient meetings
- Inefficient processes and procedures
- Lack of clarity in communication
- Difficulty in making decisions
- Lack of clarity in goals or roles
- Lack of clear agreements about how to best get the work done

25-50%

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Organisational energy audit

Source: adapted from Organizational Energy Audit, CLEAR IMPACT Consulting Group

Approximately what % of that energy is currently being spent on:

- Power struggles
- Unhealthy conflict or avoidance of conflict
- Job related anxieties
- Complaining
- Blaming the payers, regulators, politicians, government etc
- People needing to be "right"
- People needing to be special
- People with a "victim" stance to life

10-20%

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Organisational energy audit

Source: adapted from Organizational Energy Audit, CLEAR IMPACT Consulting Group

Approximately what % does that leave for the energy which is powerfully focussed towards achieving the goals of my organisation?

65%

Given the overall expenditure on staff energy and resources, what might be the cost benefit to the organisation for each 5% increment in that figure?

£8.25 million

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A Quote to think about

Vision 2015 - World class services:

"We can only achieve a wholesale transformation of our services if those who use services and deliver them at the sharp end are put in the driving seat of redesign. It is the service users and staff who know best the reality of what it feels like to be cared for..."

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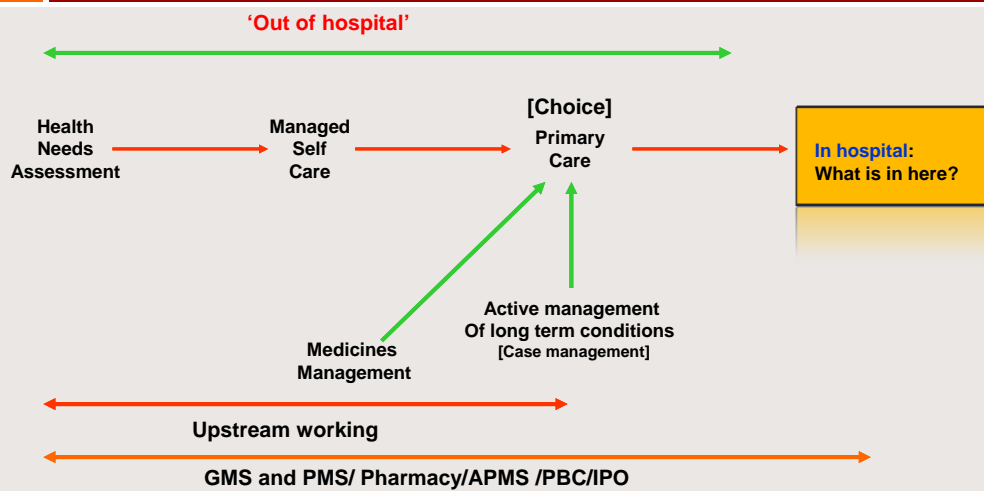
The themes: 2008/9 – 2010/11 for all four nations

- Ensure better:
 - ▣ Health and well being for all
 - Stay healthy and well
 - Empower to self care and live independently
 - Tackle health inequalities
 - ▣ Care for all
 - Best possible health and social care
 - When and where needed
 - Give choice and control
 - ▣ Value for all
- Empower the public to:
 - ▣ Look after themselves properly and use the health service wisely
 - ▣ Expect high quality care which delivers their outcomes when they do use the service
 - ▣ Know that their investment is being used in their best interest

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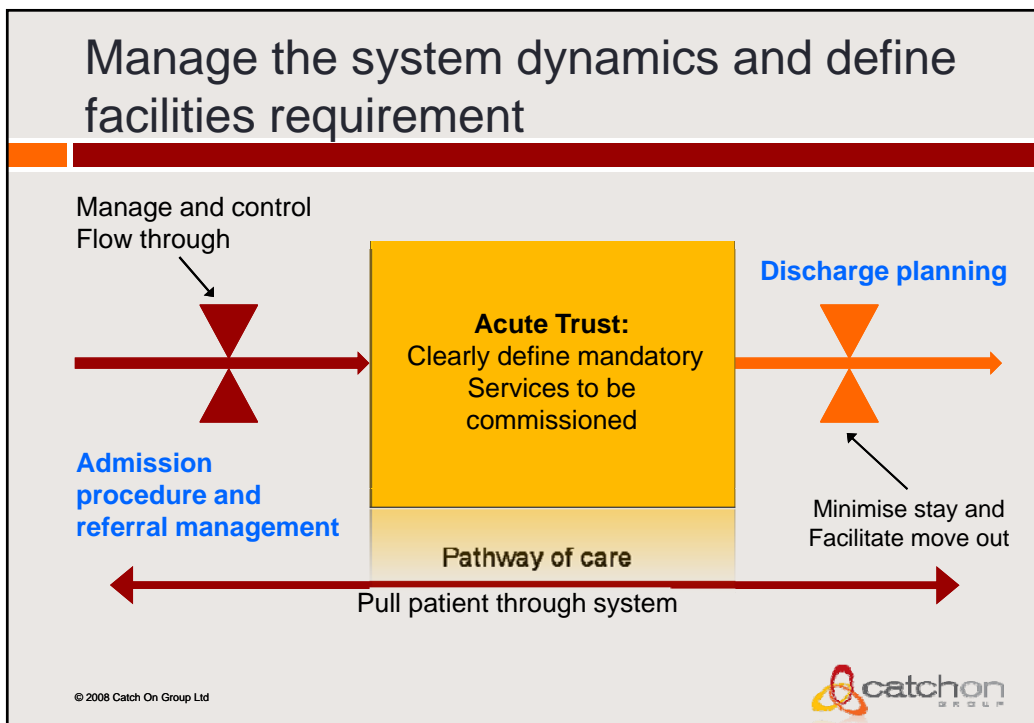
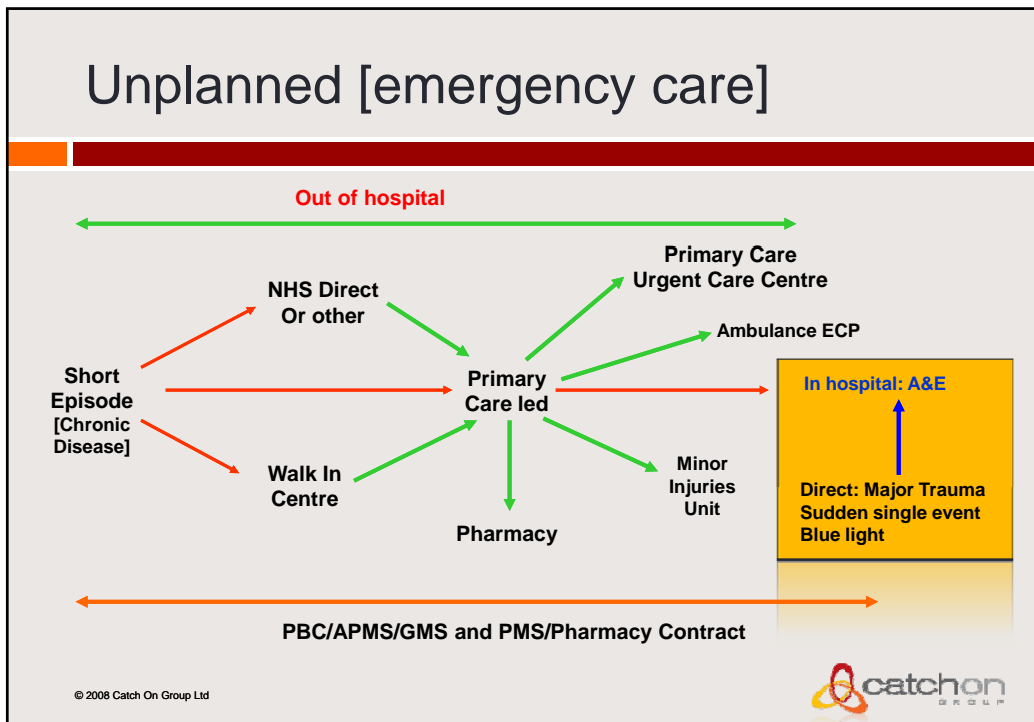


The Pathway Driving the Costs - Long term Conditions



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The challenges are still growing

- Resources are limited
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- Increasingly multiple LTC
- Obesity

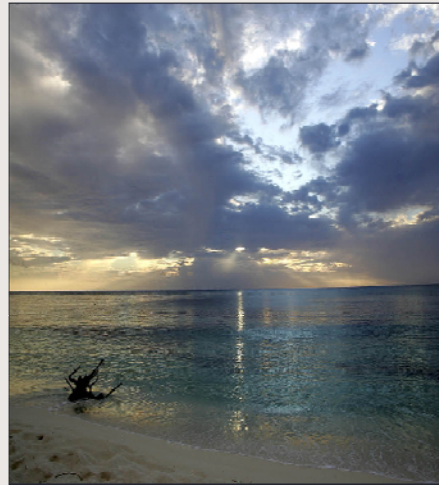
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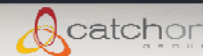
A prediction of the coming storm?

*“An estimated half of all deaths can be attributed to the following root causes and thus could be considered ‘premature’:
tobacco... diet & activity levels... alcohol...
infectious agents... toxic agents... firearms... sexual behaviour... motor vehicles... illicit drug use.”*

University of California at Berkeley Wellness Letter



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Social Marketing on its way.....

“Social Marketing is the use of marketing principles & techniques to influence a target audience to voluntarily accept, reject, modify or abandon a behaviour for the benefit of individuals, groups or society.”

Kotler, Roberto and Lee

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An Opportunity?

- Customer Orientation
- Exchange Theory is fundamental
- Market Research is used throughout
- Audiences are segmented
- All 4Ps are considered
- Results are measured and used for improvement

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What's the difference?

None. Except it is getting harder as the NHS has to deliver behavioural change

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What makes the difference for working practice?

□ Similarities

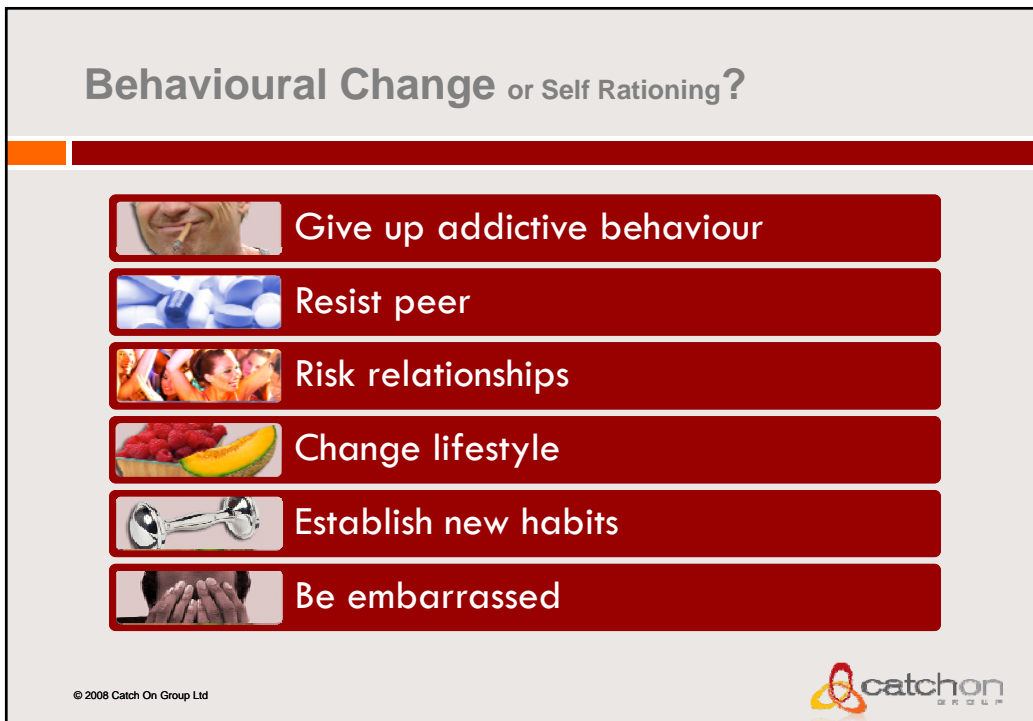
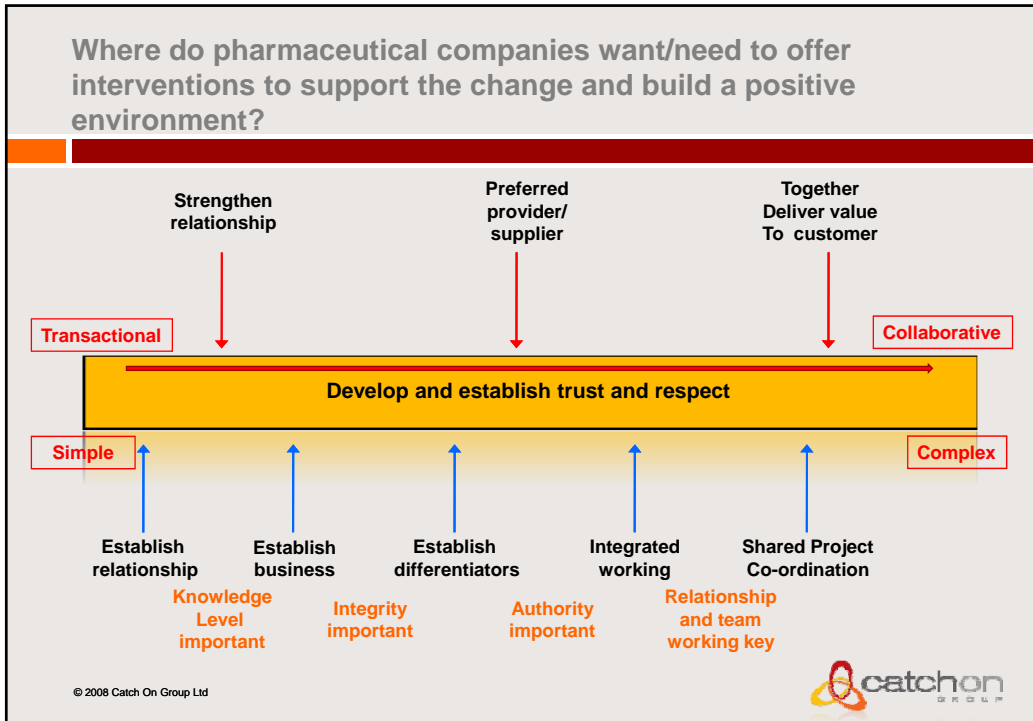
- General Practice Contracts
- Reorganisations
- Principles
- Targets (pace varies)
- Pharmacy Contract (England & Wales)
- Focus on LTC
- Focus on care closer to home
- Need for clinically driven service redesign

□ Differences

- Commissioner/ Provider Split (only England)
- PBC only in England
- Integration of Health and Social Care (only NI)
- Level of funding per head of population
- Responsibility to provide an effective fire fighting, rescue and fire safety service. (NI)

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Behavioural change or alternative suppliers?

- Equitable access bids
- New GP led Health centres
- Darzi practices
- Fines for use of A&E and walk in centres
- Extended hours
- Revamping of QOF
- APMS and 5 year contracts
- Virgin; Assura; Humana; Circle

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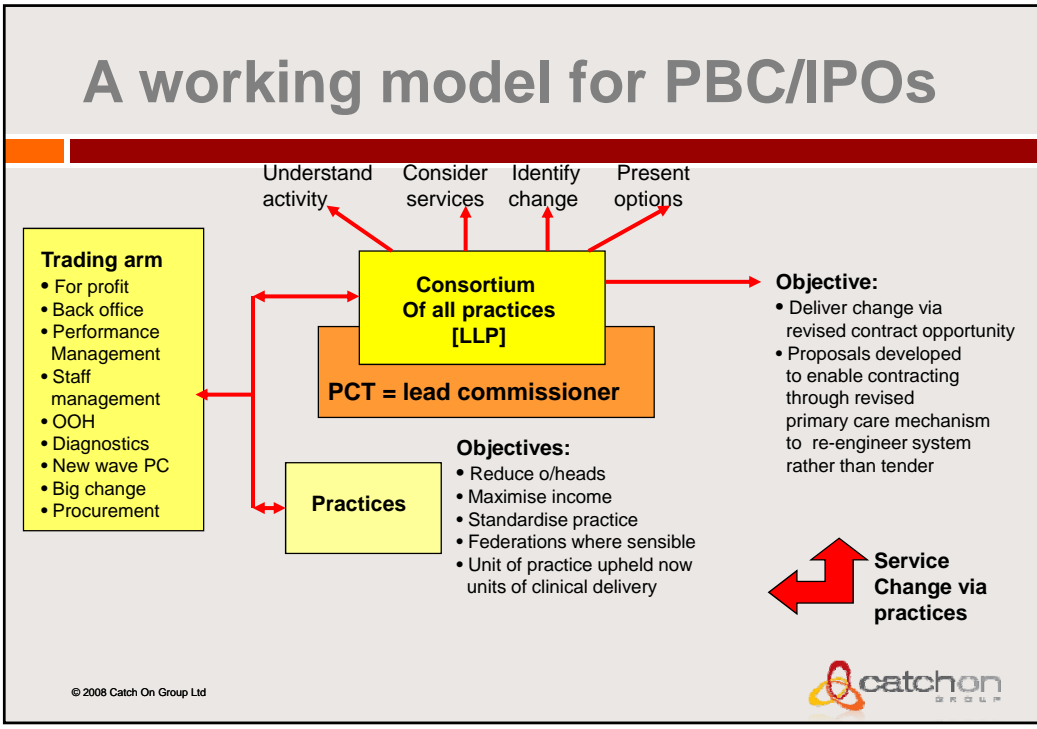
Making it happen

- | | |
|---|---|
| <ul style="list-style-type: none"> □ Commissioner <ul style="list-style-type: none"> ■ Investing wisely ■ Transforming delivery ■ Maximising resources ■ Challenging providers ■ Defining the market ■ Understanding and managing demand ■ Managing the market ■ Public actively engaged | <ul style="list-style-type: none"> □ Provider <ul style="list-style-type: none"> ■ Proactively responsive ■ Flexible ■ Outcomes driven ■ Lean ■ Knowledge management wise ■ Patient/customer at centre |
|---|---|

Governance explicit at all times to protect the End user

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Taking your place at the table

**It has something to do with trust which has something
to do with congruence!**

*'What Ghandi thinks, what he feels., what he says, and what he does
Are all the same. He does not need notes... You and I, we think one
Thing, feel another, say a third and do a fourth, so we need notes and files
To keep track'*

*Mahadev Desai on Ghandi's mesmeric speech
at the House of Commons*

**Corporations focus on compliance and regulation.
This is no substitute for integrity and honesty**

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