

GETTING FACE TO FACE WITH THE FUTURE OF HEALTHCARE

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Groups of the future

Speak with and learn from a range of experts to discover how best to develop your clinical commissioning group

With progress in implementing health service reforms so rapid, clinical commissioning groups are running to keep up with all the changes.

Professor Steve Field, chairman of the NHS Future Forum and of the National Health Inclusion Board, is a keynote speaker in the CCGs of the Future stream at the Commissioning Show. He says: "People are in the middle of forming and storming CCGs, and the issues they are going to be dealing with in eight or 12 weeks' time are going to be very different to those they are grappling with now. CCGs have been working with draft guidance but they haven't yet seen a lot of the detail about how their groups should be structured. All of these policy papers on these issues can now be released and talked about.

"Everybody involved in commissioning should come to this conference because they will be able to find out the most up to date information and be able to network with colleagues and this will really help them develop their local commissioning.

"People will come because they will want to hear about commissioning, where the



Professor Steve Field, one of the keynote speakers at the Commissioning Show

politics is going and there will be many things they will want to talk about."

Delegates who attend this speaker stream will also be able to gain inspiration from Dr Hugh Reeve, chair of Cumbria CCG and GP partner at Nutwood Surgery, Grange-over-Sands. Cumbria is recognised as being at the forefront of many of the current NHS changes. This pioneering CCG has been

created from six locality commissioning groups and is seeking to devolve responsibility as much as possible to local level while gaining the advantages of being part of a large group. It is well on the way towards gaining authorisation in 2013. In this talk delegates will hear some of the key lessons already learned and be offered practical tips on making

progress. The learning points will include:

- being clear about where you are heading;
- how to keep CCG members on board;
- the importance of focusing on clinical quality, not just balancing the books; and
- building partnerships with specialists, the third sector and patients.

Dr Jamie Macpherson, partner at Coventry's Springfield Medical Practice, will talk about managing potential conflicts of interest in a radically reshaped local economy while lawyers Browne Jacobson will look at practical examples and offer advice on how to manage conflicts when they arise.

Cynthia Bower, chief executive of the Care Quality Commission will give a talk on how primary care providers should be preparing for CQC registration in 2013.

Liz Stafford, national clinical liaison lead for Rowlands Pharmacy; Cathryn James, clinical pathways advisor for Yorkshire Ambulance Service; and James Kingsland, of the National Clinical Commissioning Network, will explain how to develop multidisciplinary working within commissioning.

Bob Senior, director of medical services at RSM Tenon accountants and Valerie Martin-Long from PKF, will be advising CCGs on how they can identify ways of making savings and efficiencies.

Delegates will learn about:

- the economic and efficient procurement of support services;

- contract management and the monitoring of healthcare services;
- developing a robust governance structure from the outset; and
- managing patient care pathways to minimise secondary care costs.

COMMISSIONING 2012

The Health and Social Care bill has now passed into law and the changes that will introduce a primary healthcare led NHS are underway.

Now everybody involved with the new clinical commissioning agenda – GPs, managers, healthcare leaders, local authority stakeholders, hospital providers – is hungry for information, practical ideas and inspiration.

Delegates will be able to

find all this and more at the Commissioning Show, one of the UK's largest GP events being held on 27 and 28 June at London's Olympia.

At this two-day conference delegates will be able to listen to key talks in five different speaker streams by some of healthcare's most influential figures and policy makers. There will also be opportunities to engage in roundtable discussions and

panel debates, and network and share ideas with fellow practitioners who can offer practical ideas and a wealth of experience from inspiring case studies.

In this preview some of the key speakers explain why you should not miss this event.

Find out more:
For the full Commissioning Show programme visit www.commissioningshow.co.uk

Planning for the long term

Changes to the ways in which long term conditions are viewed and treated are needed if they are to be managed effectively by the NHS in the future

A radical review of the way long term conditions are commissioned is needed otherwise the NHS will be unable to function effectively in five years' time. This is the challenge Dr Donal Hynes, co-vice chair of the NHS Alliance will throw to commissioners who are prepared to think outside of the box about long term conditions.

In a talk that is set to be thought provoking, Dr Hynes, professional executive committee chair at NHS Somerset and medical director of Somerset Primary Care Trust cluster, will explain why the time has come to abolish the concept of commissioning end to end pathways for LTCs.

Commissioners should forget the term "long term conditions" and think instead about "long term people" he says. He calls for clinicians and commissioners to change the way they view LTCs. If they want to improve quality, commissioners must stop focusing on the end stages of treatment and start providing services that encourage prevention of disease, more self management to reduce patients' dependency on the NHS, improve early diagnosis and provide both population and carer support.

Commissioners also need to break the link between specialists and their institutions and commission them to work



in the community, focusing on preventing disease and helping people to manage their conditions in order to reduce the need for hospital treatment.

"We now have one of the greatest opportunities to start commissioning for whole populations rather than subsections of the populations," he says.

Radical change is also needed in the way services are measured and remunerated. At the moment "proxies" for diseases are measured, that is, clinicians are rewarded for taking blood pressure or monitoring blood sugar. Instead clinicians should be rewarded for measuring outcomes such as how many people under the age of 75

have a stroke, how many patients can say they feel in control of their condition, the numbers of people who take exercise and lose weight or improve their cardiovascular risk scores. These changes would both reduce the cost of health services and improve patients' outcomes.

Dr Hynes' session will be of interest to clinicians, commissioners and providers alike. "Commissioners are feeling overwhelmed at the moment and I believe they want to see this radical change," he says. "They connect with these ideas but many are feeling that the burden of change is so weighty it is paralysing them. Equally welcome will be clinicians from

provider units – I believe they will easily sign up to these changes. They will be keen to get out into the community to help their patients cope with their conditions.

"NHS trust managers should also come along. The message is: this change is so profound, it is so inevitable, that they can either resist it or accept that it's going to happen and work with it and with commissioners to release their specialists to work in the community.

"My feeling is that I am pushing at an open door. It needs leadership but I hope people will go home from the Commissioning Show feeling empowered to say 'I'm going to go and sort this out, it needs to be done'. Having a sustainable NHS over the next five years will depend on this happening."

The LTCs stream is chaired on 27 June by Dr Michael Dixon, chair of the NHS Alliance, and on 28 June by Sir Muir Gray, public health specialist and chief knowledge officer of the NHS. Highlights include case studies from the Quality, Innovation, Productivity and Prevention programme for LTCs, two innovative approaches to population health improvement and a talk by Dr Gillian Leng, deputy chief executive of the National Institute for Health and Clinical Excellence on measuring meaningful improvement in LTCs.

Work together, win together

Integrated care can improve patient experience, but what should you do to create a successful system?

The ingredients of an effective integrated care system are shared values, strong relationships between professional groups, pooled information and good IT systems. This is the conclusion of research conducted by Dr Rebecca Rosen with colleagues at The King's Fund and the Nuffield Trust.

A GP in south east London and a senior research fellow at the Nuffield Trust, Dr Rosen will be giving delegates an insight into the principles of integrated care. According to her, the objective of developing an integrated care system should be to improve quality and the experience of patients and their carers. These are the people who get frustrated when they are passed from pillar to post by different providers.

"Commissioners need to be clear about their aims and be able to create a clear narrative about service transformation, which provides better care for patients. A spin off from this approach will be more cost effective care from an integrated system that eradicates the duplication and waste that occurs when different providers are not working well together.

"You then need good professional leaders in both health and social care in order to develop a shared goal with regard to what service transformation is about."

In her talk Dr Rosen will set out the key elements needed to achieve an integrated care system. These are: robust governance; a supportive set of financial and payment arrangements; IT systems that can share clinical information and what the integrated service is doing; and agreed clinical standards and pathways for health and safety.

Dr Rosen, who is also vice chair of Greenwich Health, the clinical commissioning group for the London Borough of



Greenwich, says: "If you talk about systems and mergers you put people off. In Greenwich I talk about glue – it's about gluing together the services that are already in place and building the relationships and trust that you need between different teams to get people working together.

"People understand that and are completely supportive. It's all about trying to get people to think differently about how they work and thinking beyond practice boundaries. There are lots of people in community services who can support GPs who are caring for patients with difficult problems – it's about getting people to be more aware of that and more willing to use them."

Dr Rosen says all commissioning GPs, "jobbing" GPs, plus people from community and hospital trusts should come to the Commissioning Show to find out more about integrated care. She says they will gain an understanding of the principles of integrated care and will also be able to learn from successful case studies.

Goran Henriks, chief of learning and innovation for Jönköping County in Sweden, for example, will talk about how in his healthcare system healthcare delivery, access and patient satisfaction were all dramatically improved. He will explain the importance of organisational culture as a driver for change and integration. Sweden is known for having one of the best health systems in the world, and Jönköping, one of 21 county systems, is recognised as the best in the country.

Other case studies will be showcased from Taunton and Stockport where clinicians and managers are leading the way in making integration a reality.

In another session Dr Sam Barrell, chair of Baywide CCG and clinical director of commissioning and transition at Torbay Care Trust, and Claire Jones, associate director of nursing at Croydon Health Services, will compare and contrast the experiences of Torbay and Croydon, which have both been working on the integration agenda for several years.

FACILITATED LEARNING
The Facilitated Learning Zone will be one of the liveliest areas of the show. Combining hands on sessions with roundtables and panel debates, it will be where delegates get their views heard, questions answered and come away with practical skills and tools to tackle daily challenges.

Facilitated sessions will take small groups through a learning task, often based on a real life project in a format allowing plenty of interaction. The aim is for each participant to leave with knowledge they can use to improve services from the moment they get back to their locality.

Formal sessions include a guide to understanding the media; this will touch on reputation management and dealing with enquiries. Leading figures from the NHS Commissioning Board Authority will guide participants through some major milestones for clinical commissioning groups on the way to authorisation.

There will be no holds barred in CCGs: The Big Debate when Alastair McLellan, editor of *Health Service Journal*, puts all the pressing questions to a panel of senior policy makers. In between the expert led learning sessions there will be less formal roundtables organised by delegates. Anyone can use this space to propose their own sessions using the Commissioning Connect online networking system, inviting colleagues, experts or other delegates who have experiences to share.

The power of the board

Health and wellbeing boards are central to improving people's health, but just how much influence can they wield?

Each top tier and unitary authority should now have set up their own health and wellbeing board, operating in shadow form and preparing to take on its statutory functions by April 2013.

Health and wellbeing boards are the centrepiece of the machinery that will see local authorities taking responsibility for improving the health of their local populations. The board will be the strategic forum that sets the priorities for its clinical commissioning groups and will bring together representatives from primary care, public health, social care plus elected representatives and patient groups.

This stream of the conference will focus on successful early joint working between local authorities, health and wellbeing boards

and healthcare organisations. Dr Nicholas Hicks, director of public health (Milton Keynes), for NHS Milton Keynes and Northamptonshire, is chairing the stream on 27 June. He says: "Health and wellbeing boards will bring people together with a sense of purpose. They will create a real opportunity for people to work together to achieve things they haven't before. The challenge will be making sure that the aspirations and ambitions that will be discussed really do translate into practical change that affects the lives of individuals, families and communities.

"CCGs and councils will have a duty to pay due regard to joint health and wellbeing strategies. How this plays out in practice will be a key test of the effectiveness of health and

wellbeing boards. Will their strategies have the power to change council policies?

"For example, if a council policy had previously promoted the night-time economy with a liberal stance on licensing applications and approval of a larger casino, and the health and wellbeing strategy subsequently prioritised mental health and reducing alcohol related harm, would the influence of the health and wellbeing board strategy be sufficient to change council decisions? How would that play out? What do health and wellbeing boards need to do to become powerful? I hope these are the sorts of questions the meeting might address."

Dr Hicks says he would like to see coming to this stream's talks everyone involved with health and wellbeing boards –

elected members, council officers, local authority chief executives, and people involved with CCGs and HealthWatch, who represent the public.

"By June, people involved in health and wellbeing boards will be looking for inspiration from examples of good practice that are already up and running and will want to make sure they really do understand the rules and regulations and the powers they have. They will want to know what they can do that they couldn't before," he says.

Case studies in this stream include early health and wellbeing board implementers Wigan, Birmingham and Cornwall. In Wigan integrating wellbeing, social care and clinical pathways is at the centre of their work. In Birmingham the health and wellbeing board is getting to grips with meeting the needs of a young, diverse population and some challenging health inequalities. One of the challenges for the new health and wellbeing board in Cornwall has been identifying which outcomes will be priorities and what success looks like.

Keynote speakers include John Wilderspin, national director, Health and Wellbeing Board Implementation at the Department of Health, who will explore how CCGs can use health and wellbeing boards to develop a strong partnership with local government and Dr Alison Hill, managing director of NHS Solutions for Public Health, who will outline some of the building blocks the boards should put in place to achieve better health outcomes.



Leading figures discuss the future of healthcare at last year's event

The benefits of technology

The implications of the government's information strategy are revealed, along with IT tools aimed at transforming care

The long awaited information strategy has finally been published with a promise by the government that it will bring about an "information revolution". Delegates at the Commissioning Show will be able to find out first hand whether this information revolution really will be delivered.

Ailsa Claire, transition director patients and intelligence for the NHS Commissioning Board Authority, which will implement the strategy, will be giving a talk explaining its far reaching implications. Ms Claire says much work has been done attempting to understand how data might assist the NHS to do things differently, including changing its relationship with the public.

"The directorate that we're trying to set up is about enabling people to make the best decisions they possibly can, whether they are a commissioner, a patient or anyone else in the system. We have been working to gain an insight into how patients want to engage and relate to care services, and how the care services can support them to make their own decisions," she explains.

The Commissioning for Intelligence Programme, which Ms Claire has been leading, has been conducting research into different channels of communication and how informatics can support the business model of clinical commissioning groups.

"We have been looking at what data standards and quality we need to put into the strategy to enable information to flow through the system. We

are working to help CCGs directly relate to the health of the population they are working with. The information strategy will focus on enabling people to make the best decisions and it will place IT as an enabler."

Ms Claire says her talk will be directly aimed at clinical commissioners and will explain the likely impact of the information strategy. To inform the new strategy, her department has been examining how CCGs obtain intelligence and information. She says CCG leaders they have talked to have told them they want a very different flow of information and processes from the ones that were previously provided by primary care trusts.

"The real problem has been that the primary source of information for PCTs was

contract information and what the CCGs want is patient based information, which exists but is difficult to get at. So that is what we have got to try and get for them.

"Some of the information will be facilitated by the new role of the [NHS] Information Centre, which will be given a specific new responsibility for data linkage for health and social care. It will therefore become a safe haven where patient data will be made unidentifiable and available for CCGs.

"Data will improve. In the past it has been very separate for the NHS and the business model has often had to adapt to informatics instead of the other way around. We now have an opportunity to turn that around and make the provision of data and information a support

mechanism for the NHS and not for it to become something imposed on the NHS," she promises.

Also in this stream clinical commissioners will be able to find out more about how GPs can significantly change the way they manage patients with chronic conditions in a talk by Stephen Johnson, head of long term conditions at the Department of Health.

Ian Blunt, senior research analyst at the Nuffield Trust will talk about how predictive modelling for chronic conditions can reduce risk and admissions.

For those interested in ways the internet could be used to transform healthcare, Paul Hodgkin, chief executive of Patient Opinion, will explain how patient attitudes can be captured to shape dynamic services.

