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Health Services Management Centre

Newsletter

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Focus on the Darzi Review

Editorial by Jon Glasby and Helen Parker, HSMC Co-Directors

Following the publication of Lord Darzi's Next Stage Review, the constant temptation to look for structural 'solutions' seems to have abated (at least for now). Instead, the review emphasises a series of key themes designed to lead to longer-term and more sustainable change, including a focus on quality, collaboration, clinical leadership and personalisation. The review sets the foundation for identifying and developing what works well in service delivery and finding new solutions to old problems. Time will tell if the proposed integrated care pilots succeed in breaking down the well rehearsed professional and organisational barriers that have challenged clinicians and managers for longer than some of us care to remember. There is a wealth of evidence available on achieving effective inter-professional collaboration but it often involves tackling the softer issues of attitude and behaviour that a focus on clinical leadership needs to bravely address.

Given its traditional focus and areas of expertise, HSMC has been particularly involved in Darzi's primary and community services strategy – most notably in debates about integrated care (Ham *et al*., 2008) and the extension of direct payments and personal budgets (Glasby and Duffy, 2007; Glasby, 2008). However, many of Darzi's priorities are reflected in the teaching, research, events and consultancy projects summarised in this newsletter.

Just as Darzi has challenged the NHS to adopt new ways of working, so HSMC has challenged itself to find new ways of responding to current and future policy problems. Examples include:

- The creation of a new Co-Directorship to bring together the research, teaching, consultancy and policy leadership that gives HSMC its distinctive voice. As a former nurse and a former social worker, moreover, we hope that HSMC's co-Directors represent a piece of partnership working in action!
- The creation of new cross-cutting research centres focusing on public sector partnerships, on the third sector and on leadership (see page 11).
- A pilot project to educate clinical leaders alongside our current NHS Management Trainees (see page 7).
- Record recruitment to our MSc in Public Services Commissioning (taught jointly with the Institute of Local Government Studies and believed to be the first programme of its kind in the country (see page 6).

Of course, since the publication of the Darzi Review, we have witnessed a series of rapid economic changes which have left future funding uncertain. However many of Darzi's recommendations were based on principles that many health and social care communities would have wanted to take forward anyway. In any case, necessity is sometimes the mother of invention, and carrying on doing things the way we always have is probably unsustainable in the current climate. As the NHS tries to stay faithful to the Darzi vision in a period of significant financial pressure, so HSMC will continue to evolve and adapt as we find new ways of supporting health and social care colleagues in the field.

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Is public value the answer to the NHS's problem?

Iestyn Williams

It's never a bad idea to remind ourselves, as public sector workers, what it is that we're being paid to do and how our efforts contribute to the common good. And it's easy to forget – not only because we are busy and wrapped up in our own concerns – but because it's not always clear what contribution we *should* be making. It is no surprise that this is true for individuals when it is also true for organisations and whole institutions. Take the health service for example. In the rush to make the NHS 'world-class' we are in danger of glossing over *what it is that it is supposed to be world-class at* and how this should be agreed. For example, we may want to be world class at improving population health, saving lives, creating a healthy workforce, reducing health inequalities - the list goes on. Maybe we consider each of these to be equally important, in which case we shouldn't accept advances in any one of these areas to the detriment of the rest. At the very least, we should have some clarity as to how our efforts are to be ultimately measured. And of course, in a system funded out of general taxation, it is unthinkable to attempt to settle these questions without involving the public.

The 'Public Value' doctrine is the latest in a long line of attempts to ask these most basic of questions. Mark Moore (1995) refers to public value as 'a *framework that helps us connect what we believe is valuable and requires public resources, with improved ways of understanding what our 'publics' value and how we connect to them.'* Moore has spent many years, at the Kennedy School of Government and elsewhere, working with the public sector to establish how and in what ways we can add value. In relation to the NHS, we can extrapolate a few key implications of his approach.

Process and outcomes

Engagement with stakeholders and the broader public is meaningless if it doesn't lead to tangible outcomes. However, improvements in outcomes that have not been validated through wider engagement will have negligible impact on our sense of well being and progress. There is therefore an *a priori* requirement for dialogue and debate to establish what our aims and objectives are, followed by rigorous and flexible application of outcome measures to establish progress against these.

Scarcity and legitimacy

Not all objectives can be pursued simultaneously and in equal measure. Decisions on what our priorities are will therefore have real implications for other 'de-prioritised' areas of practice. We need to build a platform of legitimacy and trust in the decision making process – for example public sector commissioning – to act as a buffer against the frustrations of those whose agendas are negatively affected. Of course this is far easier to say than to do and there are no 'golden bullet' solutions to the problems of resource scarcity. Avoiding the legitimacy issue, however, is not a viable option.

Leadership and the value chain

In pursing a public value approach there is a requirement for active engagement and leadership. National and local NHS bodies will be required to galvanise stakeholders to articulate and achieve common goals. This will require for example, Primary Care Trusts to engage the trust of those above and below so that difficult decisions and new opportunities can be tackled head on (Williams et al 2007). Moore (1995) sees successful public managers as *'explorers commissioned by society to search for public value'*. This means exercising active leadership, albeit within the constraints of political and public accountability. It also requires clear articulation of the 'value chain' – in other words where each of us is located in the process of creating public value.

None of these areas of concern is new in health care. There is a wealth of literature, and initiatives to address problems of: priority setting; public and user involvement; outcomes and measurement, and; leadership. What public value potentially offers however is a framework through which these sometimes disparate issues can be brought together. So for example, the need for legitimate priority setting creates the demand for: meaningful involvement; effective leadership; independent evidence and analysis, and; robust and transparent decision making processes. Public value may also provide us with a set of basic principles through which we can evaluate NHS reforms.

However, we need to exercise some caution. It has yet to be demonstrated that the public value framework can be transferred to the context of the NHS and it has already been subject to some scrutiny and critique (Alford & O'Flynn, 2008). We also need to locate Moore's perspective within the broader tradition of theory and research into the public sector and its contribution. What is clear however is that we shouldn't lose sight of the basic concern to identify what it is we should be doing – and how we can do more of it.

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Commissioning person-centred planning in learning disability services

Hilary Brown

HSMC is often asked by PCTs to evaluate a specific service change to identify actual outcomes. A strong belief that an out-of-area placement would not serve the user well was the starting point for one PCT to consider and evaluate a local alternative in developing a truly bespoke package of care for a service user with learning disabilities.

Though person-centred planning (PCP) is seen as a key tool for driving change within the current learning disability strategy, it is still a reasonably untrodden path for many commissioners. HSMC was asked to undertake a short evaluation of the PCT's commissioning process in this case in order that it might develop its learning for similar service users for the future.

While this particular case concerns an individual with learning disabilities, the learning points drawn out are transferable to other services such as care of older people, mental health and physical disability service users and will be of potential interest to other commissioners.

Commitment and conviction

A striking feature of this case is that those involved had demonstrated real commitment to the process and a genuine will to develop a package of care that would transform the service user's life. The PCT's approach is in line with a key recommendation from Professor Mansell's report for the Department of Health which is for commissioners to '…*stop using services which are too large to provide individualised support; serve people too far from their homes; and do not provide people with a good quality …, in favour of developing more individualised, local solutions which provide a good quality of life*.' (DH, 2007c, p1)

There was also genuine and significant service user involvement in considering the specifics of the care package and who should be involved in delivering it. This accords well with the competencies set out in World Class Commissioning which will require PCTs to 'actively seek the views of service users and carers in making commissioning decisions' and to work 'ever closer with community partners such as local authorities and healthcare providers to develop innovative solutions in terms of service delivery'. (DoH, 2007a)

Equity and sustainability

As anticipated, significant future implications for the PCT were also highlighted during the course of the evaluation, not least in terms of equity and future sustainability.

While the day-to-day provision of care was scoped favourably against the cost of an out-of-area placement, there were nonetheless additional costs which had not been fully taken into account by the PCT when it assessed overall affordability and value for money. It is worth bearing in mind that the complexity of these cases can mean that a bespoke package of care cannot be put in place for many months. Specifically, commissioners should be aware of the time implications of a competitive tendering process under OJEU arrangements.

During this time, and while existing arrangements remain in place and costs continue to be met, charges may have to be paid for new accommodation in order to secure it and new staff will expect to be paid while undergoing training and induction. There may therefore be significant double running costs to bear in mind. Other costs to take into account will include management and staff time, procurement costs, advocacy charges, where required, and potentially PCP facilitation training for commissioners, service users and advocates.

Assessing the local labour market

In relation to recruitment, there were specific concerns in this case regarding the local market's ability to provide the workforce required to deliver the service. This was due to an underlying lack of suitably skilled and experienced staff in the area, a situation which would not be uncommon in many areas. PCT commissioners have expressed their concern at the national picture and the steps being taken or otherwise to explicitly include staff working for learning disability services within workforce planning and training schemes. Commissioners may need to be prepared therefore to address local labour shortages proactively.

Managing expectations

Developing and maintaining an honest and open relationship with the service user, their family, carers and advocates is critical and officers must ensure that expectations from all parties are managed appropriately, specifically in relation to the time required to undertake the commissioning process and to recruit new staff, where necessary.

Individual budgets

Individual budgets present an opportunity for PCTs to develop the concept of PCP though these have not yet been widely employed for the provision of health care services. As a result of both *Putting People First* and The Next Stage Review, the national picture as regards individual budgets is changing rapidly though and a commitment to introduce them for health services is gathering momentum.

As Glasby and Duffy (2007) point out the initial evidence from those using individual budgets for social care is encouraging. The authors go on to highlight a number of specific areas in healthcare where individual budgets could be piloted and these include out-of-area placements, continuing healthcare and services for people with learning difficulties.

Long-term benefits

While it is possible to put a financial value on PCP, in terms of potentially reduced costs, it is more difficult to put a value on the benefits of this approach to the service user. That said it would be possible to determine a set of metrics which could be assessed such as the perceived happiness/well-being of the individual, the amount of time the service user spends with family and friends and the amount of time they spend undertaking activities and other social experiences they enjoy. This would provide evidence of a better life, not just an effective commissioning process.

The long term success of this particular case may be assessed on this basis but will also undoubtedly be judged on the future sustainability of the package of care and on the PCT's ability to match the aspirations of other service users to a similar degree.

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Choice and competition in primary care

Jo Ellins

Lord Darzi's final report – *High quality care for all: NHS Next Stage Review* – contained a strong commitment to tackling health inequalities by improving access to primary care services. In so doing, it recognised that the delivery of a more personalised and responsive health service crucially depends on greater opportunities for patient choice, particularly in primary care where an estimated 90 per cent of patient contact takes place. To fulfil this commitment, an extra £250 million was set aside to fund the Equitable Access to Primary Medical Care national procurement programme. The programme was launched in early 2008, with every PCT required to commission a new GP-led health centre, serving registered and non-registered patients seven days a week. A further 113 new general practices are being funded in the 50 most under-doctored areas.

Given that all of the new services are being competitively tendered using the Alternative Provider Medical Services (APMS) contract, this represents a major expansion of market mechanisms in primary care. Indeed, the Department of Health has been clear that Equitable Access is not only about increasing primary care capacity, but also developing a more diverse provider market. Announcing Equitable Access, Alan Johnson commented that, "This is a great opportunity for entrepreneurial GPs as well as social enterprises, voluntary organisations and the independent sector to develop innovative services for patients." NHS Chief Executive David Nicholson has gone further, stating that the national procurement programme was launched because PCTs had been slow to use the powers available to them to open up the primary care market.

On this point, David Nicholson is correct. Recent HSMC research looking at the emerging primary care market found that – prior to Equitable Access – only a small minority of PCTs had undergone competitive tendering for primary medical care services. Even fewer had awarded APMS contracts to providers outside the NHS family, such as independent or voluntary sector organisations. The most common reason given by PCTs for commissioning primary care services was to fill gaps in provision. This might explain why we found far more evidence of procurement activity in the north of England and London, where the majority of the country's most under-doctored areas are located.

The research explored the experiences of both PCT commissioners and provider organisations, identifying a number of factors that might limit the potential of contestability to deliver new and better primary care services. Above all, many PCTs felt that there were significant gaps in their commissioning capacity and/or expertise, particularly in relation to technical procurement and legal skills. Developing a level playing field between different types of provider is proving a major challenge. The time and resource intensive nature of the procurement process means that local GP practices are likely to need additional support if they are going to effectively bid for contracts. While PCTs are well placed to provide this support, doing so might undermine the conditions for open and fair competition and make them liable to accusations of bias. However, it is not only GP practices which face disadvantages in the bidding process. Corporate providers reported problems in terms of developing financially viable bids, and attracting staff, as a result of their current ineligibility for the NHS pension scheme.

A further problem arises in terms of the role that patients and the public need to play in making the market work in primary care. At the heart of current health reforms is the goal of expanding patient choice. This goal is not just about responding to the growing public appetite for a more flexible and responsive health service. The notion that competition will stimulate improved standards in primary care crucially depends on the exercise of patient choice. Arguably, some local providers will only take action to improve their services when they begin to lose patients (and therefore income) to new providers offering a better quality or range of services. In other words, competition and choice must operate together if they are going to bring about desired outcomes.

But while patient choice is prominent in health policy, there is little evidence that it is happening in practice. Of course, there are many reasons why people might not want to shop around for a general practice. For example, the estimated 17 million people with at least one long-term condition might be discouraged from switching practice because of the high value they place on continuity of care and a stable GP relationship. Nonetheless, it is also the case – as many of the PCTs that we spoke to confirmed – that there is low public awareness of the right to choose a GP and a shortage of reliable public information about the availability and quality of local primary care services. In short, far more attention has been paid to developing competition in primary care than to building an infrastructure to support patient choice.

This might pose a particular challenge for the new Equitable Access services, which will be building patient lists from scratch. In areas where capacity is already good, the viability of these services will depend on them attracting sufficient numbers of patients from other practices locally. Unless more attention is given to facilitating patient choice, there is a very real possibility that new services will be under-utilised in some areas. If this turns out to be the case, the commissioning of new primary medical care provision will offer poor value for money for taxpayers.

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A pdf of the report written by Jo Ellins, Chris Ham and Helen Parker entitled *"Choice and competition in primary care: much ado about nothing?"* is available from the HSMC website: **http://www.hsmc.bham.ac.uk/publications/pdfs/choice_competition_primary_care.pdf**

The future for the public - choice, voice and representation

Shirley McIver

The World Health Organisation has developed a conceptual framework for public participation in health governance. Based on analysis of the different ways in which countries in Europe support public participation, the three categories are choice, voice and representation (WHO, 2006).

Choice is most often exercised at the individual level, such as choosing among health insurers or specific treatment and care options, but the collective impact of these individual choices may change health policy. Voice is usually exercised collectively and indirectly through patient surveys or public input during consultation, and representation usually takes place directly during decision making at the local, regional or national levels.

Whilst successive UK governments have developed and funded NHS initiatives in all three categories over the last 20 years, the most recent review conducted by Lord Darzi, is strongly focused on choice. The emphasis is on empowering patients and the public through greater choice, better information and increased control through personal care plans and personal budgets.

"The NHS needs to give patients more rights and control over their own health and care, for more personal care." (DoH, 2008, p.33)

A number of new initiatives are emerging under this broad aim. One of the most controversial is the publication of information about the quality of primary care services to enable people to change GP if they wish to. The West Midlands is one of the regions planning to disseminate this kind of information and HSMC has been reviewing relevant literature to support the project (see project update section for further information). Experience in the United States, which has a longer history of publishing quality report cards, suggests that the information is likely to have only limited impact on the decisions of health service users unless a number of obstacles can be overcome. Marshall et al (2000) summarise these as:

- Difficulty in understanding the information
- Disinterest in the nature of the information available
- Lack of trust in the data
- Problems with timely access to the information
- Lack of choice
- Placing more weight on anecdotal evidence from family and friends than on empirical evidence

Careful design of the content and format of report cards may help to ameliorate these problems but they will not be easy to overcome.

It would be wrong to assume that just because voice and representation appear not to be the main focus of the Review, there are no initiatives planned. Clearly Local Involvement Networks (LINks) -the new formal public involvement structure that replaces PPI Forums – come into the category of voice and may also act as representatives. All LINks are expected to be in place by the beginning of 2009 and local authorities have been given £84 million to support LINk activities between 2008 and 20011 so they should soon begin to have some local impact. The speed with which they generate interest among local people, particularly marginalised groups, is likely to be dependent on the robustness and vitality of existing health and social care engagement networks and activities.

For LINks to bring additional local influence they will have to successfully overcome a number of challenges faced by their predecessors (CHCs and PPI Forums), including balancing independence with partnership, introducing innovative approaches to public engagement, and developing ways of making roles and activities (eg around representation) clear to participants.

This should not be as difficult a task as it was ten years ago. There is no doubt that the NHS is becoming much clearer about public and patient involvement, as the latest guidance to support Section 242 (1B) of the NHS Act 2006 on the duty to involve, demonstrates.

Yet a difficult task it remains. This is made clear by an initiative described by Fudge, Wolfe and McKevitt (2008) to involve users in the improvement of acute and community stroke services. This was a well resourced and planned project with a dedicated part time user involvement facilitator, yet the researchers comment:

"Little evidence was found of user involvement directly contributing to improved quality of services except in a few limited areas" (online p. 6)

A number of issues are raised by this report, including the importance of evaluative frameworks that include process as well as impact, the clarity with which users' roles and contribution are explained, and how the impact of user involvement is assessed.

So although the Next Stage Review promises some advances in the category of choice, there is still room for further progress in voice and representation. The WHO report concludes that although there can be no set standards for how much or what kind of participation a health system should develop, all three categories should be included. On this basis, the UK is doing well. There are also a number of basic requirements, including a legal basis for patients' rights. This suggests that the Next Stage Review's endorsement of an NHS Constitution is a positive move, both in terms of increasing individual patient knowledge, and improving transparency and accountability at the collective level.

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Postgraduate Programmes

HSMC Graduates at the July 2008 Graduation Day

HSMC delivers a number of UK-based Masters programmes as well contributing to a number of inter-departmental programmes. These include:

1. MSc in Health Care Policy and Management, with an option to specialise in:
   - Quality and service improvement
   - Health care in a community setting
   - Commissioning, and
   - International health care systems
2. MSc in Leadership for Health Services Improvement
3. MSc in Public Service Commissioning (with the Institute of Local Government) on which a group of new students have been funded to undertake HSMC's MSc in Public Services Commissioning by NHS West Midlands and by the National Programme for Third Sector Commissioning. The MSc, run jointly with INLOGOV, is the first programme of its kind in the country, and is now entering its second intake.
4. MSc in Managing Partnerships in Health and Social Care (with the Institute of Local Government)

All of HSMC's Masters programmes emphasise the application of theoretical perspectives to current policy and practice in the NHS and other health care systems, and are explicitly designed to support professional as well as academic development. The majority of our students study part-time (over 2 years) whilst working in the health service or a related field, although we do have a number of full-time students studying on our UK-based programmes, and completing their qualification within 12 months.

HSMC staff bring their wide knowledge of UK and international health systems (gained through research and consultancy activities, as well as their own professional experience) to their teaching and tutorial support for students. This emphasis is maintained throughout all of our programmes, from the choice of titles for assignments, through the involvement of practitioners and policy makers in teaching activities, to the topics selected for dissertations. While some students choose to concentrate on theoretical topics, many students carry out empirical studies for their dissertation, often related to their own place of work or area of professional expertise.

For further details please contact Kate Vos, HSMC Graduate Officer, 0121 414 3174
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A number of HSMC academic staff also contribute to the Public Service MBA which is now hosted by Birmingham Business School.

HSMC have developed a new Postgraduate Diploma/MSc in Health Care Management in partnership with the Malta Institute of Management. The programme was officially launched in Malta with a breakfast meeting where Professor Chris Ham gave a keynote address on *international trends in health care*, which was attended by senior managers, clinicians and health ministers. The programme is due to commence in February 2009. For further information on this programme, which is only open to students living in Malta, contact course directors Suzanne Robinson or Helen Dickinson.
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MSc Leading Public Service Change and Organisational Development

This successful MSc, which begins its second run in January 2009, is an intensive and innovative programme of developmental education which is designed and delivered by the University of Birmingham in collaboration with the Tavistock Institute and the National School of Government. The programme provides participants with knowledge and critical understanding of leading and implementing public service change; equips participants with the practical skills for intervening in groups, organisations and more complex systems; supports their professional development to enhance their impact and effectiveness as an organisational development and change practitioner; and enables them to effectively lead and implement change within your own public services.

The programme is designed for senior staff in strategic roles, who have a clear mandate for leading change at this time - this might be part of a wider programme of change or change to address specific technical, legal, operational or political issues; and specialists working in internal and external change agent roles in agencies and services across the public sector.
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. . . and Khalid Al Kalash who received his PhD at the December 2008 Graduation Day with Kate Vos, Shirley McIver and Tim Freeman.

Medical Leadership Pilot Programme

HSMC, in partnership with Manchester Business School and the King's Fund, will provide an innovative and exciting Medical Leadership Pilot Programme. The programme will run alongside the current NHS Graduate Management Training Scheme programme and offers a unique opportunity for NHS management trainees and NHS doctors in training to develop as leaders alongside each other to mutual benefit. Eight Medical Leadership trainees will be exposed to leading edge thinking working with high calibre educationalists in management and leadership and management trainees. They will create networks and friendships with management trainees that will endure beyond the life of the Programme. The Programme offers an integrated programme of activities covering experiential learning, academic content and action learning.

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Masters Class for Masters Taster sessions – 11 May 2009

HSMC are holding a Masters Class for anyone considering studying for a Masters Degree in Health Care Management in the next 12 months. The class will be held on Monday 11 May from 10.30am to 3.15pm at Park House, University of Birmingham campus. There will also be a drop-in session between 5 and 7pm if the full day session is inconvenient. These sessions will enable prospective students to discuss the course and their requirements with staff and to sample some of HSMC's teaching. Current and former students will also be on hand to answer any queries.

Further details are available on the HSMC website:
www.hsmc.bham.ac.uk/events/pdfs/masterclass.pdf

The HSMC Graduate Programmes Office team: (l-r)
Michael Unwin, Jan Hutchins, Kate Vos, Denise Thomson

Projects Update

HSMC wins 3-year EU project

HSMC is one of 16 European institutions working collaboratively on a 3-year long EU-funded project, called Interlinks. The work will focus on the health and long-term care of older people across 14 EU member states. Led by the European Centre for Social Welfare in Austria, the Interlinks project aims to develop a model for exploring the provision of long-term care across Europe, with a particular focus on prevention and rehabilitation; quality assurance; support for family carers; and governance and finance.

Jon Glasby is a member of the Scientific Management Team co-ordinating the project, and HSMC will take a particular lead around governance and financing.
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The emerging primary care market

A new policy paper from HSMC explores the development of a primary care market in the English NHS. Jo Ellins, Chris Ham and Helen Parker interviewed strategic health authorities, PCTs and provider organisations for their views and experiences of competitive tendering. They found that, contrary to claims made by some of a corporate takeover of primary care, GP-led companies had won most of the contracts to run general practices. Concerns about a level playing field between different types of provider organisation, and shortcomings in PCT commissioning capacity and expertise, were raised. The paper concludes that far more attention needs to be paid to fostering patient choice, otherwise there is a danger that new primary care services may be under-utilised and represent poor value for money. The paper was launched a national seminar in November, with speakers including David Colin-Thome, Liverpool PCT Chief Executive Derek Campbell and Peter Smith from UnitedHealth Primary Care. It is available at
http://www.hsmc.bham.ac.uk/publications/pdfs/choice_competition_primary_care.pdf.
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Implications of personalisation

HSMC has launched two policy papers - one on the future funding of long-term care **http://www.hsmc.bham.ac.uk/publications/pdfs/long_term_care.pdf** and one on the extension of individual budgets and direct payments to health care **http://www.hsmc.bham.ac.uk/publications/pdfs/individual_patient_budgets_13Oct08.pdf**

The first paper was launched at a national conference on the implications of personalisation for the social care workforce, which Jon chaired. Additional requests to speak on the personalisation agenda have come from the Care Services Improvement Partnership, Skills for Care, NHS West Midlands and the Institute of Actuaries. Jon has also been advising the Department of Health/Cabinet Office on individual budgets, and chairing the national Staying in Control project to pilot this way of working in health care. These activities are contributing to a second edition of Jon and Rosemary Littlechild's book on direct payments, due out in the spring of 2009 published by **Policy Press.**
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Staff engagement and employee ownership in the NHS

HSMC has been commissioned by the Nuffield Trust to explore options for engaging NHS staff which might increase performance, including different models of employee ownership. The project is gathering international evidence on the impact of employee ownership from other sectors, which will be summarised in a report to be published in Spring 2009. A series of high level seminars are being held to identify the characteristics of successful employee ownership in organisations such as the John Lewis Partnership, and to draw out the lessons for the NHS.
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Integrated care

HSMC's programme of work on integrated care is expanding in 2009. Building on recent policy papers, including *Altogether Now? Policy options for integrating care* **http://www.hsmc.bham.ac.uk/news/pdfs/Altogether_Now_Report.pdf** a new learning set is being established for senior managers and clinicians in leadership roles on integrated care. The learning set includes a number of meetings facilitated by Chris Ham, supported by other HSMC colleagues; participation in a high level seminar in June at which the keynote speaker is Steve Shortell of the University of California at Berkeley, a recognised expert on integrated care; and a study visit to learn about leading examples of integrated care in Europe, planned for 2010. Expressions of interest in the learning set should be made to Ingrid Leeman email: i.leeman@bham.ac.uk
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A review of the use of automatic medicine dispensers

HSMC has recently undertaken research into the use of automatic medicine dispensers. Commissioned by NHS West Midlands and CSIP, Margaret McArthur's report *Automatic Evidence Dispensers: a review of evidence and current practice*, sets out a review of the evidence and current practice'. The report can be found at **http://www.hsmc.bham.ac.uk/news/pdfs/medicine_dispensers_08.pdf.**
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Driving up clinical standards: a qualitative story of turnaround – commission from Royal Wolverhampton Hospitals NHS Trust

HSMC have been commissioned to conduct a series of interviews with Trust staff and a literature search to deliver a paper which documents the process and outcomes of the 'turnaround' achieved at the Royal Wolverhampton Hospitals NHS Trust.
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Learning from innovations in primary care

Ayrshire and Aran Health Board have commissioned a briefing paper that will enable learning from current international innovations in Primary Care. The paper will provide examples of successful developments that may involve new roles, changing responsibilities and developments in service delivery. The Board will use this information in two ways. Firstly, as a means of stimulating discussion amongst the clinical and managerial community and secondly, to enable them to explore ideas with local communities.
j.durose@bham.ac.uk

Public information on quality of primary care

NHS West Midlands is planning to disseminate information to the public about the quality of primary care services. As part of this project, HSMC was commissioned to produce six research reports examining relevant literature. The reports cover:

- User and public perspectives on the quality of primary care
- Information about heath services and the impact on patients and the public
- Making health service information accessible
- A comparative analysis of different information formats

- Designing and presenting web based information
- Empowering patients and the public to choose a primary care provider

A final report summarising the main findings will be available in January 2009.
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London Borough of Barnet – Planning Regeneration and Housing Directorate

HSMC and the Centre for Urban and Regional Studies (CURS) have been contracted to design and deliver a twelve month Leadership and Team Development Programme that supports the PRH Senior Management Team to develop innovative capability to create and guide inclusive coalitions of institutions and community interests in order to deliver the vision of Barnet as a successful city-suburb, protecting and enhancing the best, while growing through successful regeneration and sustainable development.
d.c.davidson@bham.ac.uk

Partnership with Kaiser Permanente

HSMC's long term partnership with Kaiser Permanente involved a study visit to Kaiser Permanente in Colorado in September involving 15 participants from the UK, two from New Zealand and 30 from the Netherlands. One of the reasons for the visit was to understand how Kaiser works in Colorado where it runs its own health plans and works with its medical group but does not own the hospitals used by Kaiser members. The Kaiser NHS Beacon sites in Birmingham/Solihull, Northumberland and Torbay continue to meet on a regular basis with support from HSMC, and an update on their progress will be published during 2009. The work being done in Birmingham/Solihull featured in a study of high performing health care organisations undertaken by the University of Toronto, and Torbay was highlighted in the final report of the NHS Next Stage Review.
c.j.ham@bham.ac.uk

Improving services for people with long term conditions

HSMC has been commissioned by NHS West Midlands to deliver a programme of learning sets for commissioners and providers from 12 PCTs working on improving services for people with long term conditions. A commissioner and provider from each PCT are working together in applying current policy, national initiatives and tools and techniques to live service redesign projects.
h.parker.1@bham.ac.uk

Technology adoption in healthcare

Iestyn Williams and Helen Dickinson have completed a report for the NHS Institute entitled **Knowledge for adoption: a review of the literature on knowledge-based facilitators of technology adoption in health care.** The review synthesised a wide range of literature on knowledge management, diffusion of innovation and evidence-based practice and applied the derived lessons and learning to the issue of the apparently pedestrian rate of adoption of new interventions into the NHS.
i.p.williams@bham.ac.uk
h.e.dickinson@bham.ac.uk

Providing support to a creative consultancy group

Across the NHS Strategic Health Authorities are setting up leadership development processes designed to ensure that their talent pool is recognised and supported. NHS Yorkshire and the Humber have introduced an innovative programme designed to meet the particular needs of a very small group of senior managers and clinicians. The 'Creative Consultancy Group' will work together on a real time strategic challenge posed by a local health economy. HSMC is providing learning support to the group through a range of interventions.
j.durose@bham.ac.uk

Productive community services

Following the successful completion of the evaluation of the NHS Institute's Care Closer to Home programme, HSMC has undertaken a review on innovations in community services for the Institute to support its new programme on productive community services. The review focused particularly on evidence of effective models of care in relation to wound care, incontinence and stroke care. The full results of the review and a short summary for teams involved in providing community services will be published by the NHS Institute early in 2009.
c.j.ham@bham.ac.uk

Effective team working in mental health

Jon Glasby will be working with colleagues at the Aston Business School on a three-year project (2008-2011) which aims to uncover the enablers of, and barriers to, effective team working in mental health care in the NHS. It will consider not only how members of the same team work together to provide health care, but also how teams and agencies interact in the interests of service users focusing on teams providing care to working-age adults and older adults.

The project is funded by the National Institute for Health Research Service Delivery and Organisation programme (NIHR SDO).
j.glasby@bham.ac.uk

Telecare

Iestyn Williams conducted a review of the evidence on remote delivery of support for people with chronic illness for the West Midlands Strategic Health Authority.
i.p.williams@bham.ac.uk

High performing health care organisations

HSMC's programme of work on high performing health care organisations involves two learning sets of NHS leaders who have visited examples of high performing organisations in the Netherlands, Norway, and Sweden. The lessons from this programme are being brought together in March at a workshop being run with the NHS Institute. The workshop will include contributions from two international experts who have conducted research into high performing organisations, Ross Baker and Anthony Staines, and is designed to help NHS organisations in translating lessons from other systems into their own work. The learning from the programme was also used in a paper Chris Ham co-authored with Helen Bevan and Paul Plsek, entitled *How do we make high quality care for all a reality?*, published by the NHS Institute in July.
c.j.ham@bham.ac.uk

Projects Update *(continued)*

Study tour from Sweden

HSMC hosted a study tour from Sweden which focussed on *'Knowledge Management in the NHS'*. The Swedish 'Group of Regions' comprised 23 policy makers from the Ministry of Health and regional government. The tour lasted for two days and involved visits to the National Institute for Health and Clinical Excellence (NICE), the NHS Institute and two local health care organisations. Iestyn Williams facilitated the tour which generated substantial learning both for the visitors and the hosting organisations.
i.p.williams@bham.ac.uk

World class commissioning

HSMC's programme of work on world class commissioning involves providing support for PCTs, underpinned by research into best practice in the UK and internationally. A review carried out for the NHS West Midlands examined international experience and led to the production of a policy paper, *Healthcare Commissioning in the International Context: lessons from evidence and experience*, and an accompanying article in the Journal of Health Services Research and Policy, entitled *World Class Commissioning: a health policy chimera?* Chris Ham was asked by the NHS SDO programme to chair a group responsible for initiating a programme of research into the practice of commissioning and funding decisions on this programme will be made in March. HSMC is planning a study visit to the US during 2009 to visit leading edge examples of commissioning and expressions of interest should be made to Ingrid Leeman
i.leeman@bham.ac.uk
c.j.ham@bham.ac.uk

Real-time patient feedback - commission from the West Midlands SHA.

HSMC has been working with West Midlands SHA on one of its *Investing for Health* projects - the Real Time Patient Feedback project. HSMC's research will identify best practice in the use of systems, methodologies and technologies to obtain rich patient feedback on healthcare contacts on a real time or near to real time basis, to inform both service improvement and commissioning.

A final report is due to be presented to the SHA by the end of December with dissemination workshops planned in Birmingham and London in early January.
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h.i.brown@bham.ac.uk

Models of medical leadership and their effectiveness: an exploratory study

In collaboration with the University of Warwick, HSMC has recently won a bid with the NCCSDO. The research project will run for two years period starting in March 2009, and during the first phase will explore the ways in which clinical professionals are engaged in the management and leadership of healthcare organisations across England with a view to developing a typology of structures. The second phase will provide in-depth exploration of case study sites to determine whether there are particular structures which advantageously facilitate engagement in medical leadership. This will cover behaviours within these structures, including dynamics between medical leaders and managers, and how clinical professionals are supported, prepared and developed within these roles. For further information please contact Chris Ham on
c.j.ham@bham.ac.uk

Competencies for "World Class Commissioning"

November saw the commencement of research into *'Competencies for "World Class Commissioning": The readiness of Primary Care Trusts and Practice Based Commissioners'.* This three year action research project is funded by the NHS's Policy Research Programme and is being carried out by HSMC (lead - Iestyn Williams) in collaboration with Newcastle University, and the University of Manchester, amongst others.
i.p.williams@bham.ac.uk

Public procurement conference

Barb Allen attended the International Public Procurement Conference in Amsterdam to present a paper written with Elizabeth Wade and Helen Dickinson entitled 'Bridging the divide - commercial procurement and supply chain management: are there lessons for health care commissioning in England?'. The conference attracted over 300 participants and the paper was selected as one of the top eight papers at the conference and will appear in the Journal of Public Procurement.
h.e.dickinson@bham.ac.uk

Web Watch

Lord Darzi's final report **"High quality care for all: NHS Next Stage Review"** can be found at the following site: **http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085825**

Iestyn William's report **"How can PCTs shape, reflect and increase public value?"** can be found at: **http://www.hsmc.bham.ac.uk/publications/pdfs/pct_public_value.pdf**

Check out the Department of Health's 2007 report entitled **"World class commissioning: vision"** at: **http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndguidance/DH_080956**

"Putting people first: a shared vision and commitment to the transformation of adult social care" can be found at the following website: **http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndguidance/DH_081118**

To look at the Department of Health's report **"Services for people with learning disabilities and challenging behavior or mental health needs"** look at: **http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080129**

The report by J Alford and J O'Flynn entitled **"Public Value: a stocktake of a concept"** as presented at the 12th Annual Conference of the International Research Society for Public Management can be found at: **http://www.irspm2008.bus.qut.edu.au/papers/documents/new%20pdf/Alford%20and%20O'Flynn%20-%20Public%20Value%20Stocktake%20-%20IRSPM%202008.pdf**

Events

Introduction to Statistical Analysis

Part I:
11-13 March 2009

Part II:
27-29 April 2009

Non-residential fee for either Part I or II is £600 (public sector); £900 (private sector)

Joined-up solutions to joined-up problems? Reconciling world class commissioning and personalisation

16 June 2009

Despite the ongoing commitment to producing 'joined-up solutions to joined-up problems', many health and social care communities are struggling to reconcile the requirements of the world class commissioning agenda with the commitment to greater personalisation in adult social care. HSMC is organising a one day seminar to help health and social care communities explores these issues in more detail.

Professor Sir Bruce Keogh to deliver the 2009 HSMC Annual Health Policy Lecture in March.

The 2009 HSMC Annual Health Policy Lecture will be delivered by Professor Sir Bruce Keogh, NHS Medical Director, on Tuesday 17 March at 5pm at Birmingham Business School, University of Birmingham. The title of the lecture is "Improving the quality and safety of healthcare: turning policy into practice in the NHS". The HSMC Annual Health Policy Lecture is a major event in the West Midlands health policy calendar and attendance is open to NHS colleagues and the public. Places may be reserved by emailing Ingrid Leeman at **i.leeman@bham.ac.uk**

OBHC Conference - 2010

HSMC has been selected as the next host for the bi-annual OBHC (Organisational Behaviour in Health Care) conference in 2010 and this was officially launched at this year's conference in Sydney which a number of HSMC staff attended and presented at. More information about this conference will appear in the newsletter as this event is planned in more detail, but for further information or to register your interest in the event see the HMSC website or contact Helen Dickinson. **h.e.dickinson@bham.ac.uk**

For further information on any of the above events please email Ingrid Leeman, Events Coordinator on **i.leeman@bham.ac.uk** or visit the HSMC website **www.hsmc.bham.ac.uk**

Seminar series – evaluating for success

HSMC and the Tavistock Institute have been jointly commissioned to run a series of seminars for NHS Live on how to incorporate evaluation into everyday practice. The seminars will commence on 31st March. For information and how to apply, see the NHS Live website: **http://www.institute.nhs.uk/nhs_live/introduction welcome_to_nhs_live.html**

Publications

a full list of HSMC publications is available on the HSMC website: **www.hsmc.bham.ac.uk/publications**

Research News

HSMC has been rated as a leading UK social policy department in terms of its academic research. In the recent national Research Assessment Exercise, HSMC (together with colleagues in the University's Institute of Applied Social Studies) came 15th out of 65 institutions. This showed significant progress since the last review in 2001 and was particularly impressive given that the RAE tends not to prioritise departments such as HSMC which have a very applied focus to their research.

As part of internal University changes, HSMC has welcomed two new multi-disciplinary research centres to Park House. The Centre for Public Partnerships is a new academic centre and policy and practice institute focused on public service partnerships in the UK and internationally (with a particular interest in public-private partnerships). The Third Sector Research Centre is funded by the ESRC and the Office of the Third Sector and has been established for five years initially to carry out world class research that maps, analyses and develops further understanding of the sector. Given HSMC's longstanding public sector credentials, we are looking forward to working with colleagues in the voluntary and private sectors to be genuinely greater than the sum of our parts.

People at HSMC

Chris Ham was awarded an honorary fellowship of the Royal College of GPs in November. This is the highest the College can bestow on a colleague who is not a GP.

Chris Ham has accepted an invitation to be a member of the commission the government has set up, chaired by Sir Michael Marmot, into strategies to reduce health inequalities beyond 2010.

Chris Ham has accepted an invitation to be a visiting professor at the University of Surrey from January 2009.

Professor Jon Glasby has recently been appointed as an advisor to the West Midlands Joint Improvement Partnership - the regional body that seeks to co-ordinate and prioritise improvement activity within adult social care across the region.

In August 2008 we welcomed **Hilary Brown** who joined HSMC as a Fellow.

We are also pleased to welcome **Debra Cox** who has recently been appointed as Departmental Secretary and Personal Assistant to the Directors

... and **Louise Jenkins** who has joined the MTS administrative team, replacing Stacey Johnson who moved to another post in the University.

We were sorry to say farewell to **Lucy Tweedle** from the Graduate Programmes Office who moved to Liverpool at the end of October.

Juliet Woodin retired at the end of July and in September we also said farewell to **Elizabeth Wade,** who has joined The NHS Confederation as Senior Policy Manager for Commissioning. We will also be saying farewell to **Judith Smith** who leaves HSMC at the end of January to become Head of Policy at the Nuffield Trust.

HSMC Library and Information services

The Health Services Management Centre Library is a proactive, innovative and user-centred library service meeting the information needs its users both internally at the University of Birmingham and externally within the wider NHS.

As part of a library promotion we are offering you a **free month's trial** to all the library's electronic current awareness news bulletins.

These include the:

- Commissioning Bulletin
- Daily Digest
- Primary Care Bulletin
- Public Health Bulletin
- Leadership Bulletin
- Irish/Welsh/Scottish News Bulletins
- Wednesday Wire
- Snappy (public health) Searches
- New Book Alert

If you would like to sign up to receive these news bulletins or would like any further information regarding the HSMC Library and Information Service please do not hesitate to contact Rachel Posaner **r.d.posaner@bham.ac.uk**