

Focus on service users and the public

Newsletter editorial: Jo Ellins and Hilary Brown

It is now over a year since the NHS Constitution was published which, for the first time, set out the rights and responsibilities of people who use NHS services and the wider public (Department of Health, 2009). The Constitution cemented the principle that high quality and responsive health services can only be brought about with the full engagement of patients and the public. In this respect, it builds on over a decade of policies and initiatives that have sought to foster greater involvement at every level of the NHS: from supporting patients to self care, through gathering and implementing user feedback, to embedding community views into local commissioning decisions.

While there is widespread commitment within the NHS to providing a patient centred service, the challenge we face is in putting that commitment into practice. Having policies which promote opportunities for patient and

public involvement is necessary, but alone it is not sufficient. It is the broader environment, and the extent to which this enables people to take up these opportunities, which is critical.

Many of the new roles for patients – as choice makers, personal budget holders and hospital governors – demand informed and active participation. To successfully accomplish these roles, patients need to be equipped with the right information and support, at the right time. Reaching beyond the educated middle classes to empower seldom heard and marginalised groups is frequently identified as a key challenge (Robson et al, 2008).

A new relationship between NHS staff and patients is also called for – based on an approach which is more about 'working with' and less about 'doing for' (Coulter, 2002). Arguably, all this can only be achieved when the culture in local NHS organisations places

equal emphasis on asking patients for their views *and* listening to what they have to say.

These themes and many others run through this issue of the HSMC newsletter, which focuses on service user and public involvement. This is a key area of our work at HSMC, spanning across our research, teaching and consultancy activities. Recent projects have explored a range of issues including personal budgets and direct payments in health; developing information to support patient choice in general practice; user and carer experiences of care transitions; and the potential of real-time and web-based patient feedback.

j.ellins@bham.ac.uk
h.i.brown@bham.ac.uk

References

- DH (2009) *The NHS constitution for England*. London: Department of Health
- Robson P et al (2008) *SCIE position paper 10: Seldom heard – developing inclusive participation in social care*. London: Social Care Institute for Excellence
- Coulter A (2002) *The autonomous patient: ending paternalism in medical care*. London: Nuffield Trust

Avoiding Hospital Admissions: learning from best practice in the NHS and in Kaiser Permanente 21 April 2010, London For further details see page 11



In this issue:

Editorial by Chris Ham	2
Making choices in primary care a reality	2
It's better together: involving older people in research	4
Care home closures in Birmingham: utilising service user experience and measuring impact	5
The implementation gap: embedding service user feedback for quality improvement	6
Projects update	8
New publications at HSMC	9
Postgraduate programmes	10
Events	11
People at HSMC	12

Editorial

Chris Ham

In the run-up to the next election, Professor of Health Policy and Management, Chris Ham, considers the need for politicians to learn the lessons of history in what will be his last editorial piece for the HSMC newsletter. Chris leaves HSMC to take up his new post of Chief Executive at the King's Fund on 6th April. Staff and colleagues across the University and the local NHS wish him well in his appointment.

Speaking on the announcement of his appointment, Professor David Eastwood, Vice-Chancellor of the University of Birmingham commented: "It is a testament to this University's commitment to shaping policy and practice that Professor Chris Ham has been asked to take up this role. Chris is internationally renowned for his contribution to research on and dissemination of best practice in health care and I very much appreciate his contribution to making the University's Health Service Management Centre one of the world's leading institutions in its field."



Much has been written about the financial challenges facing the NHS after the general election. Far less attention has been paid to the need for politicians to learn the lessons of

history. If the party that wins power at the election ignores these lessons, there is a real risk that past mistakes will be repeated, and valuable time will be lost in the urgent task of adjusting to the difficult times that lie ahead.

Three lessons stand out above all others. The first is that reforming the NHS requires a combination of approaches, including targets and performance management, regulation and inspection, and competition

and choice. Each of these approaches has weaknesses as well as strengths and their use calls for careful calibration to achieve maximum impact.

The second is that policies are needed to support collaboration alongside competition. Some NHS services lend themselves well to competition, most obviously elective and diagnostic care where patients may welcome the opportunity to choose where to be treated. Many other services are more suited to collaboration. Examples include urgent care and specialist cancer and stroke services which need to be planned and delivered through networks. A nuanced approach is required rather than the application of a 'one size fits all' policy.

The third lesson is that it takes time for the results of reform to become evident. Operating on short-term timescales in which the next Cabinet reshuffle is a major

consideration, politicians often lack the patience to see through their reforms. And yet with research showing that improving the quality of health care is more like a marathon than a sprint, patience and consistency of purpose are what the NHS requires above all.

George Santayana famously wrote that those who cannot remember the past are condemned to repeat it. The fate of the NHS in the next five years rests on the willingness of politicians to act on this wisdom.

c.j.ham@bham.ac.uk

With acknowledgement to BMJ Group for permission to base this editorial on a longer paper published in the *British Medical Journal* on 14 November 2009 entitled "Lessons from the past decade for future health reforms", 339: 1118-20

Making choices in primary care a reality

Shirley McIver



The public were promised "greater choice of GP practice and better information to help them choose" in Lord Darzi's *Next Stage Review of the NHS*

(Department of Health, 2008 p10).

Information on local health services is being provided through the national NHS Choices website and through many local initiatives. One such local initiative is underway in the

West Midlands, where a project led by the strategic health authority is developing information about the quality of local primary care services. (1)

But what is "better information" in this context? Research suggests it is not just more or even clearer information that is required, nor is it the type of comparative statistical information provided by organisations like Dr Foster.

In the United States, where information about the quality of health services has been published in the form of 'report cards' for over 20 years, research has shown this type of information has limited impact on the decisions

of health service users (Marshall and Romano, 2005). There are various reasons for this, including disinterest in the type of 'hard' performance data that is usually published and lack of user-friendliness.

Only a small amount of similar research has been carried out in the UK but it suggests similar findings. Magee, Davis and Coulter (2003) carried out focus group discussions with members of the public and found they thought that NHS performance should be monitored but distrusted government statistics and had quite negative views about league tables.

Early findings from a national survey of patients given a choice of hospital at point of referral (Robertson and Dixon, 2009) indicate that they make choices based on their own experience and that of their family and friends, or the advice of their GP. Very few used websites such as NHS Choices.

These findings imply that “better information” should include: (1) content that people find relevant; (2) formats that are accessible; and (3) support from health professionals to understand and interpret the implications.



Content

Patients in the UK have not been used to having a choice of provider in healthcare. This means that choosing is a new activity for many and this needs to be reflected in information content. Feste and Anderson (1995) identify three methods that help people to use information in an ‘active’ way to make decisions and change behaviours:

- **Questions** – encourage people to investigate further and help them to relate information to their own situation;
- **Behavioural language** – some language is more likely to encourage people to act and make choices than others;
- **Storytelling** – through stories people find images, values and other material they can connect with and individuals within stories can act as role models.

This means that information about the quality of primary care services should include personal experiences and similar ‘soft’ information as well as ‘hard’ data such as statistics. More importantly, people are more likely to change their current behaviour following self-generated arguments than because someone has told them it is the right thing to do, suggesting that the most effective information is enabling rather than prescriptive.

Format

Evidence suggests that written information alone, even when written at a level and in a way that is comprehensible to people of all reading abilities, rarely leads to behaviour change. Other formats have potential but also limitations. For example more information is being made available on the internet and many evaluations have found that internet information can improve knowledge and understanding of health issues.

By 2008, 65% of British households had internet access. However, those most likely to have internet access at home are adults under the age of 70 who have a university degree or higher qualification. Making more information available through the internet could just increase existing health inequalities.

In fact one of the downsides of many alternative formats is that they fail to reach people who are least well served by the

health system and therefore most in need of better information about how to choose and access services. Telephone helplines appear to be an exception. A national population survey of adults aged 45 and above asked about different sources of health information and found that 40% of those in lower social grades reported calling a telephone helpline compared with 29% among affluent respondents (Ellins and Coulter, 2005).

Support

There are many factors that may influence decisions that have to be made in primary care, such as choice of GP. Patients will have to weigh up the relative advantages of practice location, range of services, opening times and quality of care. Research suggests that some groups may benefit from support to access, understand and apply information to make a truly informed choice.

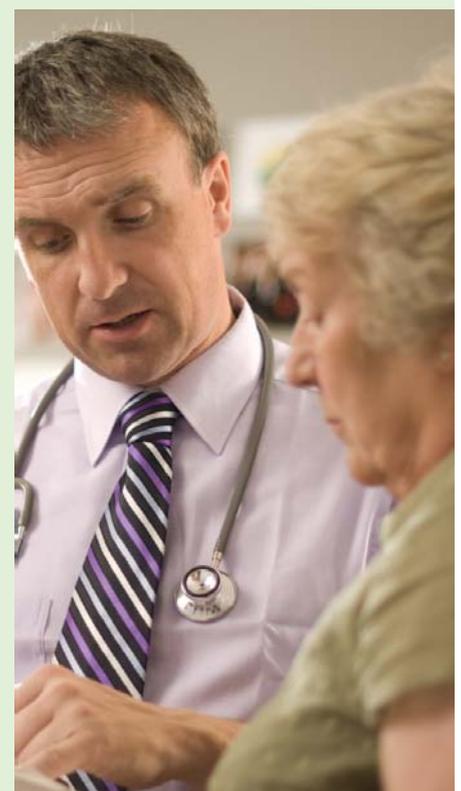
One model for supporting patients in the choice process was tested in the London Patient Choice pilot. NHS Direct employed 20 patient care advisors (PCAs) to be a single point of telephone contact for people who were choosing to undergo their surgical treatment. PCAs played a significant role in facilitating choice and were highly regarded by patients (Coulter et al, 2005).

In sum, people will only be able to make an informed choice of general practitioner if information is easily available in different formats, answers questions that are relevant, enables them to reflect on the implications of different decisions and provides support to make a decision if they need help.

(1) This article is taken from a literature review commissioned by NHS West Midlands as part of Investing for Health Project 6. For a fuller version see Jo Ellins and Shirley McIver, in association with NHS West Midlands, *Supporting patients to make informed choices in primary care: what works?* HSMC policy paper 4 www.hsmc.bham.ac.uk/publications/policy-papers

References

- Coulter A et al (2005) *Patients' experience of choosing where to undergo surgical treatment: evaluation of the London Patient Choice Scheme*. Oxford: Picker Institute
- DH (2008) *High quality care for all: NHS next stage review final report*. London: Department of Health
- Ellins J and Counter A (2005) *How engaged are people in their healthcare? Findings of a national telephone survey*. London: Heath Foundation
- Feste C and Anderson R (1995) Empowerment from philosophy to practice. *Patient Education and Counseling*, 26:139-144
- Magee H, Davis L, Coulter A (2003) *Public views on healthcare performance indicators and patient choice*. Journal of the Royal Society of Medicine, 96:338-42
- Marshall M and Romano P (2005) Impact of reporting hospital performance. *Quality and Safety in Health Care*, 14(2):77-78
- Robertson R and Dixon A (2009) *Choice at the point of referral: early results of a patient survey*. London: King's Fund



It's better together: involving older people in research

Jo Ellins



The value of involving people who use health services in their design and development has long been recognised in NHS policy and practice. For older people in

particular, such involvement can fulfil many purposes. It helps to ensure that services meet real – rather than assumed – needs, challenges ageist assumptions about older people being passive recipients of services, and recognises the positive contribution that people can make in older life. As a major report on this issue by the Joseph Rowntree Foundation concluded, “Unless older people are involved [in the design, implementation and monitoring of services], it is unlikely that services and planning will reflect the detail of their lives” (Older People’s Steering Group, 2004).



This has also become a major area of research. Studies have explored older people’s priorities and preferences for care, their experiences of using services, and the factors that help them to participate in decisions that affect their lives. But involvement is not only a topic of research; it is also a principle that can be embedded within it. Indeed, following the logic of the quote above, it is unlikely that research will reflect the detail of older people’s lives unless older people are involved in it.

This is not without its challenges. Traditionally the design and conduct of research has been controlled by professional researchers such as university academics. This has put ‘ordinary’ people like service users in the position of being ‘the researched’, whose role is limited to supplying the information

that is being sought. Assumptions made about the value of different types of knowledge – in effect, placing professional expertise above lay experience – have reinforced the power imbalance that has lain at the heart of this traditional way of working.

A study underway at HSMC and the University’s Institute of Applied Social Studies – exploring older people’s experiences of care transitions – is following a very different, participatory approach. The research is being carried out in four areas across England and, in each of these areas, between six and eight older people are currently being recruited to the study as ‘co-researchers’. Co-researchers will be invited to contribute to the delivery of the project at every stage, including collaboratively conducting the 160 in-depth interviews that will take place during 2010.

Our co-researchers are service users and carers who themselves have experienced a care transition, so they bring with them first-hand insight of the issue being explored. This insight is critical in helping to ensure that the project is focused on the issues that older people feel are important. We also know that older people often feel more comfortable being interviewed by a peer – somebody who shares and can connect with their experiences (Leamy and Clough, 2006).

Previous studies indicate that barriers may need to be addressed in order to achieve a genuine collaboration between

professional researchers and user/carer co-researchers and avoid tokenism (e.g. Dewar 2005). Above all, training and support is essential so that older people can confidently participate in research activities and use their findings to influence policy and practice. Therefore we have designed a training programme that will help co-researchers make a full contribution to the project by equipping them with social research, qualitative interviewing, and data analysis and presentation skills.

Although there are other examples of older people being involved in health services research, we believe that our project is the first time that older people who are in the early stages of dementia have taken part in participatory research. There are many reasons to suppose that the process of moving between different services and

sectors is likely to be more complex for people with dementia and their carers. Understanding the needs of this group as they undergo a transition in care is therefore of particular importance. Working closely with colleagues at The Alzheimer’s Society’s Birmingham and Solihull branch, we have adapted our co-research approach so that it is inclusive of older people who have dementia.

Throughout the project we will be making sure that we learn from and celebrate the experiences of our co-researchers. I hope to be sharing some of their successes with you in a future edition of the newsletter!

j.l.ellins@bham.ac.uk

References

- Dewar B (2005) Beyond tokenistic involvement of older people in research – a framework for future development and understanding. *International Journal of Older People Nursing*, 14(3a):48-53
- Leamy M and Clough R (2006) *How older people became researchers: training guidance and practice in action*. York: Joseph Rowntree Foundation
- Older People’s Steering Group (2004) *Older people shaping policy and practice*. York: Joseph Rowntree Foundation



East of England Ambulance Service

Care home closures in Birmingham: utilising service user experience and measuring impact

Kerry Allen



Birmingham City Council is currently in the process of modernising older people's services in the city. The process involves the closure of local authority care homes and day centres, as well as the reassessment of current service users to identify alternative services. The closure process underway is one of the most significant attempted to date in the UK. The vision of the process is to provide modernised services that can improve choices and maintain the independence of older people. New modernised services include improved care centres specialising in dementia care and additional 'extra care' independent accommodation (Birmingham City Council, 2007).

To date, very little is formally known about experiences of service users and their families and carers during closures of care homes and day centres. A previous literature review, commissioned by the Council, found that there was a lack of published academic and professional literature that included evidence on experiences of the closure of residential care homes for older people, particularly local authority care homes. Local authority guidelines on care home closure are scarce and tend to be produced in house.



Formulating standardised good practice is problematic, as these localised guidelines miss out on opportunities to compare experience and performance across different sites. The challenging context of the Council's ambitious programme of change is clear, set against the background of this lack of good practice guidance, in addition to a difficult financial climate.

HSMC are conducting a three-year, independent evaluation of the modernisation of older people's services. The evaluation plays an active role in addressing some of the gaps in the literature by feeding back findings from the first phase of re-provision and resettlement to inform the design of the second phase. The impacts of care home and day centre closures on the health and quality of life of service users is the key area of interest within the evaluation.

Older service users contribute to the evaluation in two ways. Firstly, service users complete an outcome-based quality of life questionnaire at three points during the re-housing and reprovision process. The questionnaire combines an internationally recognised measure of health status and quality of life (EQ-5D) and a modified version of a tool already piloted by the national 'In Control' project (a programme promoting self-direction in social care, of which Birmingham was a member, see Poll *et al.*, 2005). Together, the questionnaire asked participants about quality of life outcomes identified as being important by older people themselves (Glendinning *et al.*, 2006). A quantitative analysis of responses is employed to measure the impact of the modernisation programme on these older service users of residential and day care.

In addition, the service users, their families, carers and assessors were involved in qualitative interviews. These interviews explore these connected but potentially different perspectives, building a broader picture of the impacts on the different factors involved and their view of the process of resettlement.

The evaluation is currently two years in progress, with one year remaining. Measurements of impact on services users' quality of life from one month after changing services are beginning to show slight improvements compared to their initial responses. Given the ambitious nature of the project and the challenges involved with re-housing older people, often with complex



needs, these initial positive responses could indicate major successes in the short term. However, responses will need to be followed over the next year in order to gain a clearer picture of the impacts felt by service users. Whatever happens, Birmingham has taken a brave but important step in commissioning an independent evaluation of such an ambitious programme of change – and its commitment to involving service users in understanding the impact of the modernisation process is one that other services would do well to match.

k.allen@bham.ac.uk

References

- Birmingham City Council (2007) *Changing care, meeting needs: Birmingham's plan for the future of older people's services*. Birmingham: Birmingham City Council
- Glendinning C, Clarke S, Hare P, Kotchetkova I, Maddison J and Newbrunner L (2006) *Outcomes-focused services for older people*. London: Social Care Institute for Excellence
- Poll C, Duffy C, Hatton C, Sanderson H and RoutledgeM (2006) *A report on In Control's first phase, 2003-2005*. London: In Control Publications

The implementation gap: embedding service user feedback for quality improvement

Hilary Brown and Deborah Davidson



Eighteen months ago, as a follow on to *High Quality Care for All: NHS Next Stage Review* final report (DH 2008), Alan Johnson, the then Secretary of State for Health, announced that he expected every hospital trust to start collecting *immediate feedback* on hospital care in order to know within two weeks of treatment how patients felt about their care. This announcement has led many organisations to consider introducing technological solutions, such as real time patient feedback, to gather data. Subsequent developments, including the latest strategy document from the Department of Health, *NHS 2010-2015: from good to great*. (DH, 2009) will ensure an even greater focus on gathering and reporting data on patient satisfaction and experience.

In addition, the strengthened statutory duty – Section 242 – which requires NHS organisations not only to gather patient views, but also to demonstrate how these have influenced decisions, is focusing organisations on the processes they need to introduce in order to show that feedback is valued and used effectively.

In 2008, HSMC was commissioned by the West Midlands Strategic Health Authority to carry out a study into best practice methodologies and techniques for gathering real-time patient/user feedback and to examine how this feedback is successfully acted upon by organisations across both NHS and non-NHS settings.

The findings (Brown et al, 2008) confirm those found in both the academic literature and from a practice perspective; that there is a major implementation gap. Organisations are spending a considerable amount of time and resources gathering data and while

some are using this information to good effect, many risk generating a poor return on their investment as service user feedback is not being approached in a systematic way nor is its use being embedded into the organisation's structures, systems and culture.

A systematic approach

Studies consistently demonstrate that the effectiveness of using patient survey data is limited (Wensing and Vingerhoets, 2003), that patients' views are not systematically incorporated into decision-making or used to trigger, inform or guide quality improvement activities (Vingerhoets et al, 2001; Wensing and Vingerhoets, 2003) and that a substantial democratic deficit remains (Fudge et al, 2008).

Evidence from the organisational change literature (Cummings and Worley, 2001) suggests that the first and most important task in implementing change is to establish an infrastructure for the change process. Without an infrastructure, a project is unlikely to succeed or develop with any coherence. For survey feedback, this is also articulated in the healthcare literature where "a structured process for addressing problems and

obtaining resources was critical in marshalling energy to tackle issues raised by surveys" (Davies and Cleary, 2005: 431).

Davies and Cleary (2005) reported some broad factors that can hamper the implementation of patient feedback relating to data, professional practice and organisational processes. While the collection of real-time or near to real-time feedback overcomes some of the data-related barriers such as timeliness, it does

not address those relating to organisational culture, resources, professional attitudes or practice. This suggests that any data gathering methodology should only be implemented alongside a broader programme to develop a quality improvement infrastructure with appropriate resources at all levels of an organisation (Brown et al, 2008).

The literature suggests that together, the elements shown in Box 1, provide a systematic infrastructure for embedding patient feedback for quality improvement.

This framework is being explored across five case study sites as part of a Health Foundation sponsored evaluation on *Assessing the potential and progress of web-based patient and service user feedback for quality improvement: a service evaluation* using Patient Opinion as a case study which we are conducting jointly with the Tavistock Institute.

d.c.davidson@bham.ac.uk or
h.i.brown@bham.ac.uk

References

- Brown H, Ellins J L and Davidson D (2008) *NHS West Midlands Investing for Health real-time patient feedback projects*. Birmingham: HSMC and West Midlands SHA. The full report can be downloaded at <http://www.hsmc.bham.ac.uk/publications/current.shtml>
- Cummings T G and Worley C G (2001) *Organisational development and change 7th edition*, Cincinnati: South-Western College Publishing
- Davies E and Cleary P D (2005) Hearing the patient's voice? Factors affecting the use of patient survey data in quality improvement. *Quality and Safety in Health Care* 2005; 14:428-432
- DH (2008) *High Quality Care for All: NHS Next Stage Review Final Report*. London: Department of Health
- DH (2009) *NHS 2010-2015: from good to great. Preventative, people-centred, productive*. London: Department of Health
- Fudge N et al (2008) Assessing the promise of user involvement in health service development: ethnographic study. *British Medical Journal*, 336:3 13-17
- Vingerhoets E, Wensing M, Grol R (2001) Feedback of patients' evaluations of general practice care: a randomised trial. *International Journal for Quality in Health Care* 2001; 10: 224-8
- Wensing M, Vingerhoets E, Grol R (2003) Feedback based on patient evaluations: a tool for quality improvement? *Patient Education Counselling* 2003; 51: 149-53



Box 1: Systematically embedding patient feedback for quality improvement

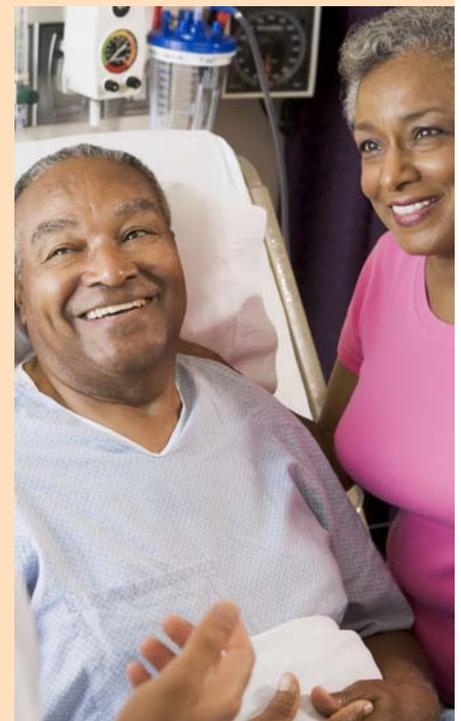
Meeting the needs of users	Dimensions of Good Practice
<p style="text-align: center;">Access & Choice</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: center;">Motivation</p> <hr style="border-top: 1px dashed black;"/> <p style="text-align: center;">Responsiveness</p>	<p>To be able to easily find, access and navigate the mechanism for providing user feedback</p> <p>To be able to choose from a range of methods that maximises engagement and participationⁱ</p> <p>To be provided with information and supported to choose when and how to give feedbackⁱⁱ</p>
	<p>To choose the time that is most appropriate to give feedback</p>
	<p>To be able to provide feedback at different points of contact with services in order to highlight differences in experience at particular stages</p>
	<p>To benefit directly from giving feedback or seeing that others will benefitⁱⁱⁱ</p>
	<p>To be able to co-determine what is important and therefore what is measured</p>
	<p>To receive a quick response and see that action is being taken^{iv}</p>
	<p>To know that the organisation values feedback</p>
<p style="text-align: center;">Indicators of embedded practice</p>	<p>Boards/CEOs need to be accountable and create a culture of openness and learning</p> <p>An infrastructure needs to be in place that straddles strategic, operational and front-line staff for implementation purposes</p> <p>The organisation should develop a communications and engagement strategy and know where feedback fits within this^v</p> <p>Formal organisational processes for coordinating data collection, collation, analysis and dissemination need to be developed; staff need to know who is responsible^{vi}</p> <p>Data should be gathered using <i>robust methods</i>, from a cross-section of different groups, in ways that are acceptable to patients and are appropriate to their particular circumstances</p> <p>Data should be fed back to directorates staff and used by them to improve the patient experience^{vii, viii}</p> <p>Actions should be monitored and performance regularly reported</p> <p>Staff should be given training and development in competencies and behaviours^{ix}</p>

Source: Davidson, 2009

- i. No one method will reach every section within the community and no one method is suitable or preferred by everyone
- ii. Studies consistently report that health information developed for patients and the public is written at an above average reading ability, making it difficult for many people to understand
- iii. Patients welcome the opportunity to provide feedback on their own experiences, in order to benefit others
- iv. An organisation's dissemination strategy is one of the most important aspects in effective use of feedback
- v. Organisations need to bear in mind that measuring satisfaction alone will not necessarily provide the sort of information it can act upon to effect change. The extent to which patients felt that they were engaged with the health care system may be a better indicator of quality

- vi. Survey feedback is often not used systematically by organisations to trigger, inform or guide quality improvement activities
- vii. Real-time feedback has greater credibility and validity among staff due to its immediacy, resulting in staff being more responsive. Staff particularly appreciate receiving feedback in the patient or users' own words as this makes the comments more 'real' to them
- viii. Real-time feedback can help organisations be more responsive and address issues more quickly, thereby preventing problems from either escalating or being experienced by others
- ix. Turning feedback into action requires interpretive competency and effort

(see Brown et al (2008) for all references)



Projects update

Interlinks – modelling health systems and long-term care for older people in Europe

HSMC is continuing its participation in a European Commission funded research project on health systems and long-term care for older people in Europe. The research brings together partners from 14 European countries, allowing members to analyse and compare their current system and to identify future areas for development. The project is particularly focused on exploring the interfaces and links between different aspects of long-term care systems. As such it seeks to identify good practice that may help to inform the policy and practice of Member States, with respect to assessing and monitoring quality of care, promoting prevention and rehabilitation and supporting informal carers against the differing national governance and financial contexts. Learning from established working groups on quality, prevention and rehabilitation and informal care, HSMC is leading a new working group on finance and governance. This work aims to add to the contextual analysis of the project, highlighting what is possible in different national systems.

k.allen@bham.ac.uk

PCT commissioning and health system governance

Russell Mannion was co-applicant with colleagues at the Universities of Plymouth and Manchester on a three-year SDO funded project exploring how commissioners can best exercise control over local health economies and service providers. The project will start in early 2010 and aims to investigate which practices for commissioning health services are most effective for different contexts, producing evidence-based recommendations to improve NHS commissioning practice. It also aims to explore what NHS commissioners can learn from commissioning in two other European health systems. To achieve these aims realistic evaluation methods will be used to describe and compare commissioning cycles across:

- Three different care groups (acute, long-term, health promotion);
- Four different PCTs in England;
- Three health systems (England, Germany, Netherlands).

r.mannion@bham.ac.uk

Health and social care integration

Jon Glasby was recently invited to give a plenary speech around health and social care integration to delegates at the Annual Convention of Community Services and Health Industry Skills Council (CS&H ISC) in Melbourne, Australia. The equivalent of Skills for Health and Skills for Care in England, CS&H ISC is the national sector skills council for community services and health (Australia's second largest employer). As well as addressing the convention on inter-agency working, Jon also contributed at a second workshop on the implications of direct payments and personal budgets.

j.glasby@bham.ac.uk

Modernisation of older people's services

HSMC is evaluating the closure and reprovision of older people's care homes and day centres in Birmingham – believed to be one of the largest and most fundamental programmes of its kind in the UK (see article by Kerry Allen on page 5).

s.m.robinson@bham.ac.uk

What works in leadership inclusion - developing an evidence base for use by the NHS

This project is led by Professor Martin Powell with Annette Gregory (independent consultant), Dr Nick Johns (University of Plymouth), Dr Abeda Mulla (HSMC) and Dr Judith Smith (Nuffield Trust). It is funded by the NHS Institute Research and Evaluation Framework Agreement Proposal and runs from January to June 2010. It has three main stages: a rapid evidence assessment review; testing (written feedback, meetings, interviews); and dissemination and publication.

m.powell@bham.ac.uk

Social care white paper

HSMC has been asked to produce a high level review of the social and economic benefits of adult social care reform, contributing directly to the White Paper process. This builds on a series of local workshops and stakeholder events to help local health and social care communities explore the implications of the previous Green Paper. The final report was launched by the Prime Minister in February 2010.

j.glasby@bham.ac.uk

Health and social care commissioning

HSMC has been awarded two years' of funding by the NHS Service Delivery Organisation for a project entitled 'Health and social care commissioning: an exploration of processes, services and outcomes'. This research seeks to investigate whether joint commissioning leads to improved services and subsequently improved outcomes for service users. The research will be comprised of eight case studies of different health and social care communities from around the country. These case studies will investigate firstly the processes of joint commissioning, followed by an in-depth investigation into the types of outcomes which those partnership initiatives are producing for service users and local populations.

h.e.dickinson@bham.ac.uk

Expert advice

Russell Mannion has been appointed as expert advisor to a €3 Million European Union FP7 project exploring factors associated with the use of quality improvement across European hospitals. The project is a collaboration between the Universities of Barcelona, Amsterdam, Utrecht and Cologne. Russell is also expert advisor to a project evaluating the implementation of a new clinical governance system across Italian hospitals.

r.mannion@bham.ac.uk

Older people and care transitions

A project being carried out across HSMC and the University's Institute of Applied Social Studies is exploring older people's experiences of care transitions. A participatory action research approach has been designed for the study, enabling the academic team to work in partnership with older people as co-researchers. Currently more than 20 older service users and carers are being recruited and trained as co-researchers in Manchester, Leicester, Solihull and Gloucestershire. The training programme provides an introduction to social research and supports co-researchers in developing or updating their interview skills. See article on page 4.

j.l.ellins@bham.ac.uk

Personalisation

HSMC is at the forefront of current debates around the personalisation agenda in both health and social care. In addition to Jon Glasby's 2009 book on direct payments and personal budgets, HSMC has been working nationally around the implementation of personal health budgets and is running a private think tank to explore the longer-term implications of personalisation for future welfare reform. HSMC will also be seeking to fund a PhD studentship in this emerging area of policy and practice.

j.glasby@bham.ac.uk

Inter-agency working

Commissioned by NHS Leeds and Leeds City Council, HSMC has been reviewing the evidence about what works in terms of inter-agency collaboration. This has included lessons learned from high performing health and social care communities, as well as published evidence nationally and internationally.

j.glasby@bham.ac.uk

Translating Research into Practice in Leeds and Bradford (TriPLaB)

Russell Mannion was a co-applicant on the £3.7 million research grant awarded by the National Institute for Health Research to fund a five-year project designed to help the NHS become more innovative and research-focused, and improve the quality of healthcare services for the people of Leeds and Bradford. TRIP-LaB is a research and development programme aimed at addressing the 'second gap in translation' identified by the Cooksey Review of UK Health Research Funding and the recommendation of the Chief Medical Officer's Clinical Effectiveness Group that the NHS should better utilise higher education to support initiatives to enhance the effectiveness and efficiency of clinical care. TRIP-LaB is one of the five research themes of the Leeds, York and Bradford (LYBRA) Collaboration in Leadership and Applied Health Research and Care. TRIP-LaB aims to:

- Increase the impact of research knowledge by translating it into evidence based improvements in a local health economy of 1.2 million people;
- Develop, implement and evaluate methods of inducing and sustaining uptake of research knowledge and behavioural change;
- Contribute to international research on knowledge implementation, innovation and diffusion by unpacking the impact of innovation characteristics, the organisational contexts of which they are applied, and the effect of time;
- Achieve these aims without the expense of multiple, complex and expensive randomised control trials.

r.mannion@bham.ac.uk

Decision making and priority setting in health and social care

HSMC is currently undertaking a study on priority setting activity within PCTs in England. This work is funded by the Nuffield Trust as part of their New Frontiers in NHS Efficiency Programme. The study involves two phases: Phase One: a national survey of priority setting approaches in English PCTs; Phase Two: uses a case study approach to provide an in depth investigation into how a range of priority-setting activities are operationalised in practice.

s.m.robinson@bham.ac.uk

Effects of health reform on health care inequalities

Russell Mannion was co-applicant with colleagues at the Universities of York and Cambridge on a two year NIHR Policy Research Programme funded project which is exploring the impact of the latest pro-market reforms on health care inequalities in the NHS. Using a wide range of data the study will provide the first comprehensive picture of national trends in inequality in the use of hospital services. The study aims to:

- Quantify inequality trends in the English NHS between 2001 and 2009 for all general categories of hospital activity and selected diagnostic and therapeutic provision;
- Test hypotheses about the effects on inequality of geographical varying aspects, choice and market reform, including local degree of choice and competition, and local share of independent sector provision;
- Test hypotheses about other factors affecting trends in inequalities, including GPs per head of population.

r.mannion@bham.ac.uk

Social Enterprise Investment Fund

HSMC is currently carrying out an evaluation of the Social Enterprise Investment Fund (SEIF). This 2 year Department of Health funded project is assessing the effectiveness of the fund in supporting social enterprises delivering health and social care services. It is also identifying the impacts of social enterprise activities. The project involves three phases: Phase One: stakeholder interviews and a documentary review; Phase Two: a survey of SEIF applicants; Phase Three: case studies providing in-depth analysis of social enterprises within health and social care communities.

k.j.hall@bham.ac.uk

Selected recent publications

- Conroy M (2009) *An ethical approach to leading change: a sustainable application*. Basingstoke: Palgrave Macmillan
- Ellins J L, Ham C J, Parker H (2009) Opening up the primary care market, *British Medical Journal*, 338, 798-800.
- Ellins J L, McIver S A (2009) *Supporting patients to make informed choice in primary care: what works?* HSMC
- Glasby J, Le Grand J, Duffy S (2009) A healthy choice: direct payments and healthcare in the English NHS, *Policy and Politics*, 37, 4, 481-497.
- Ham C J (2009) The Conservative Party's policies on health, *British Medical Journal*, 338, b2198
- Ham C J (2009) Chronic care in the English National Health Service: progress and challenges, *Health Affairs*, 28, 1, 190-201.
- Ham, C J, Ellins, J L and Parker, H (2009) The theory and practice of markets in health care, *Journal of Health Services Research and Policy*, 14 (4): 193-194.
- Mannion R, Konteh F, Davies H (2009) Assessing organisational culture for quality and safety improvement: a national survey of tools and tool use, *Quality and Safety in Health Care* 18 (2) 153-156
- Mannion R, Harrison S, Jacobs R, Konteh F, Walshe K, Davies H (2009) From cultural cohesion to rules and competition: the trajectory of senior management culture in NHS hospitals, 2001-2008, *Journal of the Royal Society of Medicine*, 102(8) 332-336
- Mannion R, Davies H, Harrison S, Konteh F, Jacobs R, Walshe K (2010) Changing management cultures in the English National Health Service. In Braithwaite J, Hyde P and Pope C (Eds) *Culture and climate in health care organizations*. Basingstoke: Palgrave Macmillan 19-30
- Peck E, Freeman T, P 6, Dickinson H E (2009) Performing leadership: towards a new research agenda in leadership studies, *Leadership*, 5, 25, 22-40
- Williams I P (2009) Offender health and social care: a review of the evidence on inter-agency collaboration, *Health & Social Care in the Community*, 17, 6, 573-580

Postgraduate programmes

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

1. MSc in Health Care Policy and Management, with an option to specialise in:
 - Quality and service improvement, and
 - Commissioning
2. MSc in Leadership for Health Services Improvement
3. MSc in Public Service Commissioning (with the Institute of Local Government).
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.

MSc in Healthcare Commissioning – NHS West Midlands

NHS West Midlands has commissioned HSMC to deliver an MSc in Healthcare Commissioning. Starting in January 2010 and run part-time over two years, the programme aims to provide a comprehensive single course that helps to develop the competencies that health and social care commissioners require in an era of world class commissioning, and to support the ongoing development and professionalisation of the commissioning function. In particular, the programme explores:

- The policy context and political environment in which strategic commissioning has become a core element of public service management;
- How commissioning and procurement have emerged in the context of wider public sector reform and modernisation, and how they are likely to develop in the future;
- Key theoretical models underpinning strategic management and procurement in the public sector;

- Different approaches to decision making and priority-setting in the allocation of public resources, and their strengths and limitations;
- The different reasons for and approaches to involving the public in strategic commissioning activities, and the evidence regarding the impact of such involvement.

The programme is designed for clinical leaders, middle-level and senior managers working in the West Midlands in a health or social care commissioning role.

j.glasby@bham.ac.uk

MSc in Healthcare Commissioning – NHS London

NHS London commissioned HSMC to deliver an MSc in Healthcare Commissioning, which started in October 2009 and runs part-time over two years. The programme has completed its first module and has received extremely good feedback. We look forward to working with participants over the next two years.

j.glasby@bham.ac.uk

A Mastersclass for prospective students will be held on Wednesday 28th April 2010

For further details of this or any of the above programmes, please contact Kate Vos, 0121 414 3174

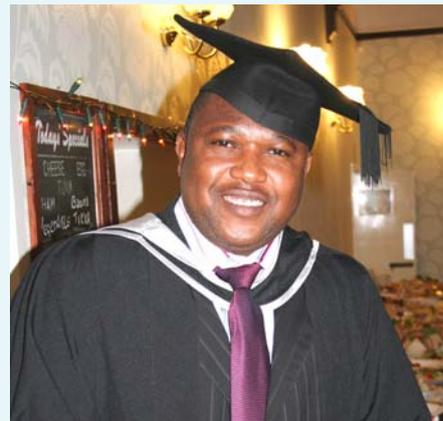
c.j.vos@bham.ac.uk

Winter Graduation 2009

Park House recently played host to a winter graduation ceremony. Among those graduating were PhD student, Billy Kaambwa and MSc student, Onatai Obukowho. Billy, who was previously a research associate at HSMC, works for the University's Health Economics Department. Onatai, one of the department's international students and an ENT surgeon in Nigeria, received HSMC's award for best overall student of the year.



Billy Kaambwa



Onatai Obukowho

Events

7th Biennial International Conference in Organisational Behaviour in Health Care (OBHC)

The OBHC conference (formerly SHOC), will be held at the **University of Birmingham from 11 to 13 April 2010**. It will explore the behaviours of healthcare organisations in shaping, adapting and resisting developments in healthcare policy and practice. Keynote speakers at the event will be Dr Peter Hupe, Associate Professor of Public Administration at Erasmus University, Rotterdam and Ben Page, Chief Executive of Ipsos MORI.

Mind the Gap: policy and practice in the reform of healthcare

14 April 2010

University House, University of Birmingham

This specialist day seminar brings together international experts in the policy and practice of health care reform and complements the International Organisational Behaviour in Health Care Conference which is being hosted by the University of Birmingham from the 11-13 April. This seminar offers an opportunity for managers and clinicians to further discuss the issues raised at the conference with experts from across the world and is aimed at assisting managers and clinicians in better understanding and offering practical means of implementing policy and practice in the reform of healthcare.



Avoiding Hospital Admissions: learning from best practice in the NHS and in Kaiser Permanente

21 April 2010, London

This seminar, facilitated by Chris Ham, will focus on what the NHS needs to do to avoid inappropriate admissions and provide care closer to home.

Speakers include Jim Easton of the Department of Health, Phil Madvig of Kaiser Permanente and Sara Purdy of the University of Bristol.

The seminar will feature case studies from Brent, Cumbria, Wandsworth and Serco.

Joined-up solutions to joined-up problems – if integration is the answer what's the question?

17 September 2010

Chaired by Jon Glasby, Professor of Health and Social Care and Director, HSMC

This one-day seminar explores different approaches to integration – both between health and social care, and within health care. After an initial introduction to key policy debates, frameworks and concepts, the bulk of the day will focus on learning from a series of local case studies, sharing what worked, what didn't work and how they got to where they are now. The day then finishes with national input from the Downing Street Policy Unit about possible next steps.



Learn more

For further information on any of the above events please email Tracey Gray: t.gray@bham.ac.uk or visit our website: www.hsmc.bham.ac.uk

Web Watch

The Joseph Rowntree Foundation report '**How Older People Became Researchers: Training, Guidance and Practice in Action**' by York: Leamy, M. and Clough, R can be found at: <http://www.jrf.org.uk/sites/files/jrf/9781859354353.pdf>

To check out the Older People's Steering Group (2004) '**Older People Shaping Policy and Practice**' report by the Joseph Rowntree Foundation go to <http://www.jrf.org.uk/sites/files/jrf/1859352456.pdf>

For information relating to Birmingham City Council's plan for older people, including the '**Commissioning Strategy for Older People 2005-2010**' and '**Older Peoples Plan**' visit: <http://www.birmingham.gov.uk/cs/Satellite/planforolderpeople?packedargs=website%3D1&rendermode=live>

'**Outcomes-focused services for older people**' by Glendinning, C et al can be found at: <http://www.scie.org.uk/publications/knowledgereviews/kr13.pdf>

The report by Poll, C., Duffy, C., Hatton, C., Sanderson, H. and Routledge, M. entitled '**A report on in Control's first phase, 2003-2005**' is available online at: http://www.in-control.org.uk/site/INCO_TemplatesLibrary.aspx?pageid=192&cc=GB

People at HSMC

HSMC welcomes new Professorial Chair



Dr Russell Mannion has recently taken up the newly established post of Chair of Health Systems within the department. Russell joins HSMC from the University of York

where he was previously Director of the Centre for Health and Public Services Management and a Senior Lecturer in Health Policy and Management. He is also a Visiting Professor at the University of Oslo and a Visiting Fellow at Bocconi University in Milan.

Russell has provided policy advice in the past to international agencies and government bodies, including the World Health Organisation, the International Society for Quality in Health Care, the European Health Management Association, HM Treasury and the Department of Health. He also currently sits on the national Commissioning Board of the National Institute for Health Research SDO programme. In 2009, Russell was elected a fellow of the Royal Society of Arts, in recognition of his contribution to research in the NHS.

Russell is keen to align his own research interests such as organisational culture, quality and safety improvement, health policy and management with those of other HSMC academics, with whom he has worked collaboratively in the past.

"HSMC is recognised as the UK's leading centre for health policy research," says Russell, "so I'm looking forward to a new challenge and working with the department's experts in the field."



Since the last issue of the HSMC newsletter, **Catherine Needham** has joined the department as a visiting fellow. Catherine, a Lecturer at Queen Mary, University of London, is working on a

range of projects connected to personalisation in public services. Her main focus is a research project on Commissioning for Personalisation, with the Chartered Institute of Public Finance and Accountancy. The aim of the project is to identify practical guidance to assist commissioners and providers in managing the challenges of personalised services. The project runs from August 2009 to June 2010.

Catherine is also working on a book on personalisation, focusing on personalisation as a policy narrative and exploring its discursive power in different sectors and levels of government.



Alyson Nicholds has joined HSMC as a Research Fellow on the NHS/SDO Research Project: Health and Social Care Commissioning: an exploration of processes, services and outcomes.

Alyson's professional background is in Public Health and Community Regeneration having completed her Masters level training at Leeds Metropolitan University. She has experience of working in a range of practice-based, research and academic settings, as a Registered Nurse, Community Development Worker for a Primary Care Trust, Training & Information Officer for a Regional Voluntary Sector Organisation and Research Associate/Lecturer in Public Health. Alyson is also in the final year of a part-time PhD looking into the impact of politicisation in regeneration policy on health outcomes (2007-2010).



Kelly Hall has also joined HSMC as a Research Fellow. Kelly will be working on the Department of Health funded evaluation of the Social Enterprise Investment Fund. She has recently

submitted her PhD focusing on the impact of social networks on retirement migration.

Alongside her PhD interests, Kelly has previous research experience of Social Enterprise and the role of the Third Sector in health and social care delivery.

Farewells and au revoirs

Co-director and Senior Fellow, **Helen Parker**, left the department at Christmas to take up a new role in the private sector. Helen has joined a new company, Practice Partners, working with GP partnerships to develop and grow new models for general practice.

Senior Lecturer, **Penny Mullen**, has retired after 40 years at the University. Penny was a founding member of HSMC when it was established on 1st October 1972. Penny holds an Honorary appointment with the department until July.

Senior Fellow, **Joan Durose**, has also officially retired from HSMC although the department is delighted to retain her experience as an Associate member of staff. Joan continues to fulfil a teaching role on several programmes and is currently an Executive Coach to several senior Directors.

HSMC's events coordinator, **Ingrid Leeman**, also retired at the end of last year. Ingrid was with the department for over eight years and worked closely with Chris Ham organising many conferences, seminars and international study visits and exchange trips.

