

Decisions, decisions, decisions: *Integrating commissioners' information needs into rapid, standardised reports*

London Health '09

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Introduction to NHS Westminster

- £500m budget for 240,000 residents
 - 52% born outside UK
 - 29% belong to BME groups
- Marked health inequalities
 - Life expectancy gap: 11 years (men); nine years (women)
- Priorities include:
 - shifting services into community (inc. polysystem development)
 - care pathway redesign
 - 17 care pathways under development

⇒ ***Need for well-informed decisions reflecting local population***

Theory to practice chasm

- NICE PCT survey of priority setting (2004)
- Kings Fund Report (2006)
- World Class Commissioning (2008)
 2. Work with community partners to optimise health gains and reductions in health inequalities
 3. Engage with public and patients, to shape services and improve health
 5. Manage knowledge and assess need
 6. Prioritise investment according to local needs, service requirements and NHS values

Local prioritisation by cost utility?

– *be serious!!*

Most cost and clinical effective



(highest QUALYs)



CDSS: Concept

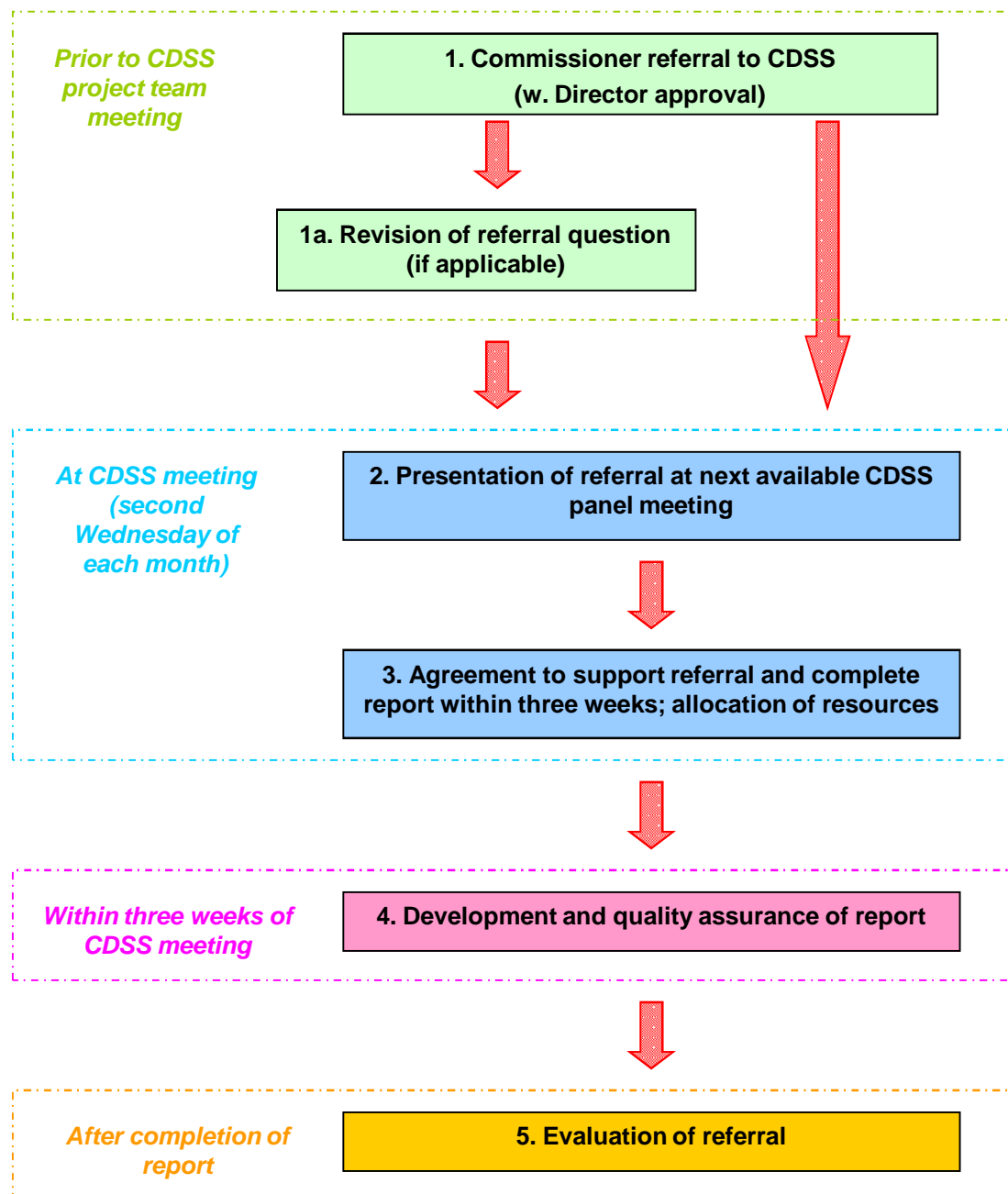
- Beyond ‘back-of-the-envelope’ decision making
- Pragmatic approach: pure economic model not practical
- Consistent high-quality information for commissioners
- ‘One-stop-shop’
- Trusted resource for priority-setting

Evaluation: baseline survey

- Activity, E&D, PPI data difficult to obtain
- Lack of response to PHI data requests
- Demand for central info source to inform commissioning
- Info rated as highly useful:
 - evidence-based interventions
 - inequalities data
 - health economics perspective
- No systematic way of considering wider risks

Reinforced need for CDSS!

CDSS referral process



Referral template

NHS
Westminster
Commissioning Decision Support Service

Commissioning Decision Support Service Request Form

The Commissioning Decision Support Service (CDSS) aims to be a central source of information to support clinical and service-based decisions. To make your request, please complete page 1 and the first part of page 2 of the form

Your name:
 Job title:
 Department:
 Date of request:
 Stage of service redesign: Please select:
 Has this issue been explored in a JSNA? Please select:
 Does guidance on this issue exist e.g. NICE? Please select:
 Director/PBC cluster lead supporting referral: Please select:

a) Question to be answered:

Note: this must be written as a question starting with should, why, what etc

- b) How do you expect answering this question will change what you do?
- ☐ May result in a new service being commissioned / provided / decommissioned
 - ☐ May support a bid for funding
 - ☐ May result in patients receiving / stopping / changing treatment
 - ☐ May change clinical practice or improve best practice
 - ☐ Improve knowledge of disease, service, population needs
 - ☐ Better understand our population
 - ☐ Assess the likely impact of a decision on service users
 - ☐ Assess the likely impact of a decision on equality and diversity
 - ☐ None of the above (give details)

c) What are the intended outcomes of the project / service / treatment?

1.
2.
3.

d) What do you want to know?

- ☐ Is this already being done anywhere else?
- ☐ What is best practice / evidence in this area?
- ☐ Size of the problem in Westminster?
- ☐ Need for the service in Westminster?
- ☐ Likely benefits / outcomes in Westminster?
- ☐ Expected cost?

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☐ Other...(give details)

e) What information do you already have?

- Current best practice Please select info requirement
- Recent evidence review Please select info requirement
- Examples of similar work elsewhere Please select info requirement
- Service users' opinion Please select info requirement
- Relevant national and local policies Please select info requirement
- Size of target population Please select info requirement
- Prevalence of disease in question Please select info requirement
- Likely impact on equality and diversity** Please select info requirement
- Likely impact on reducing health inequalities** Please select info requirement
- Economic evaluation Please select info requirement
- Other (give details)

This section is to be completed by CDSS

Request filtered by: Please insert:

Date filtered:

Input required from:

- ☐ PHI
- ☐ PHIRU
- ☐ Information
- ☐ E & D
- ☐ PPI
- ☐ Economics
- ☐ Inequalities
- ☐ Policy review
- ☐ Clinical governance
- ☐ Study design/ evaluation

Scope of work required and estimated resources

Input from:	Scope/Information source	Estimated resources required (hours)	Can deliver by (dd/mm/yyyy)
PHI	<input type="text"/>	<input type="text"/>	<input type="text"/>
Information	<input type="text"/>	<input type="text"/>	<input type="text"/>
PHIRU	<input type="text"/>	<input type="text"/>	<input type="text"/>
E & D	<input type="text"/>	<input type="text"/>	<input type="text"/>
PPI	<input type="text"/>	<input type="text"/>	<input type="text"/>
Economics	<input type="text"/>	<input type="text"/>	<input type="text"/>
Inequalities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinical governance	<input type="text"/>	<input type="text"/>	<input type="text"/>

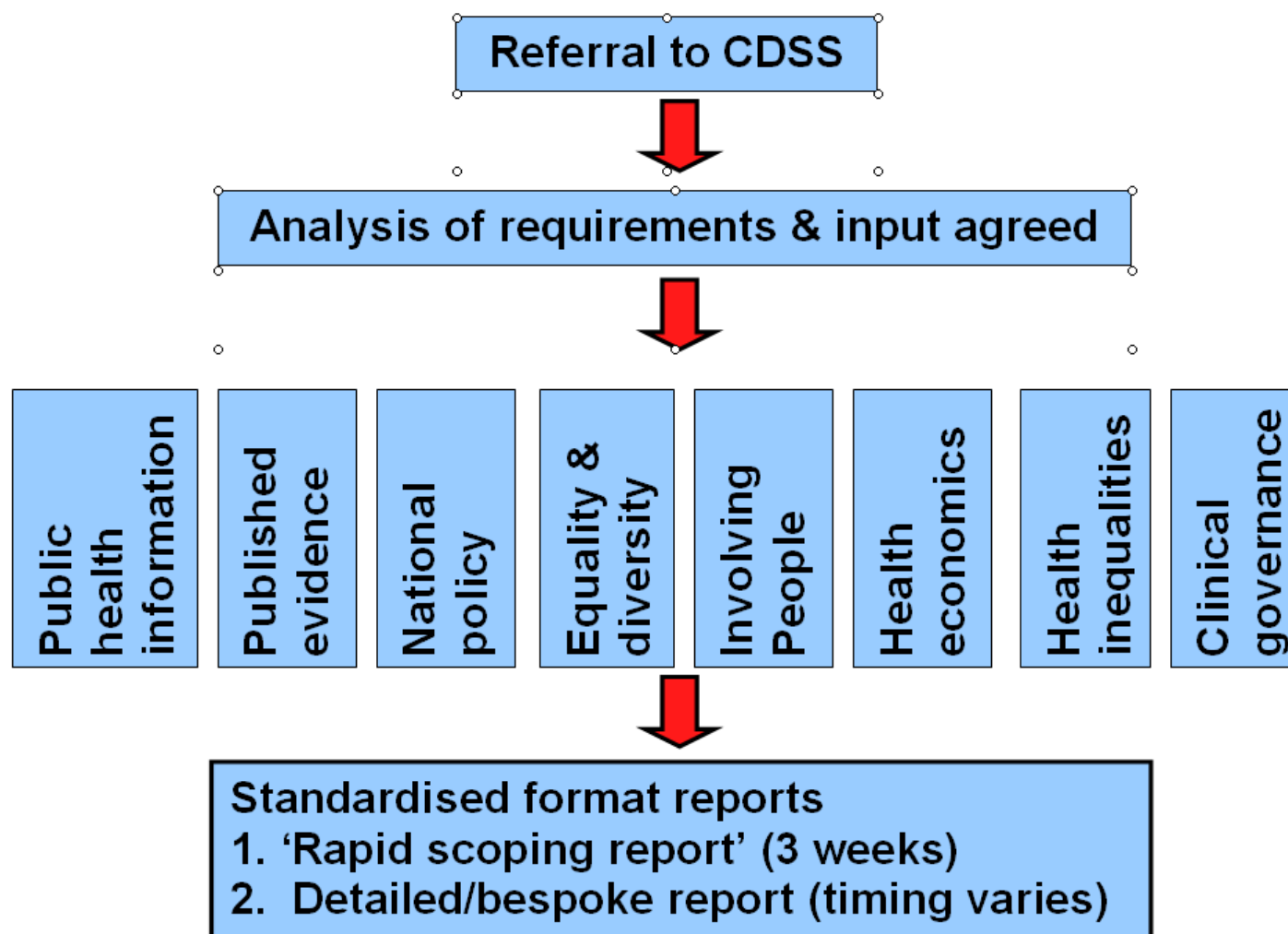
Example referrals

What are the most cost- and clinically-effective models for podiatry services in Westminster?

What are the high level health needs of the Queen's Park and Paddington Cluster population?

What models of non-acute gynaecological care exist for which there is evidence of benefit to women? What is best practice in terms of referral management from primary to secondary care for gynaecological conditions?

CDSS report



Report template

Decision Support Service

Question	
Report date	
Quality assured by	

Request generated by	
Date of request	
Intended outcomes of the project / service / treatment	

Contents

PUBLIC HEALTH INTELLIGENCE	2
INFORMATION	2
PUBLIC HEALTH INFORMATION AND RESOURCE UNIT	2
EQUALITY AND DIVERSITY	2
INVOLVING PEOPLE	2
HEALTH ECONOMICS	2
HEALTH INEQUALITIES	2
CLINICAL GOVERNANCE	2
STUDY DESIGN / EVALUATION	3
POLICY REVIEW	3
RECOMMENDATIONS	3

Public health intelligence
 Completed by: contact no:

Information
 Completed by: contact no:

Public health information and resource unit
 Completed by: contact no:

Equality and diversity
 Completed by: contact no:

Involving people
 Completed by: contact no:

Health economics
 Completed by: contact no:

Health inequalities
 Completed by: contact no:

Clinical governance

CDSS: Integration in organisation

- Reports used in decision-making forums e.g. PBC Cluster, CEC, Board, Investment Group
- Governance: quarterly report on CDSS and summaries to Clinical Governance Committee and Senior Management Team
- Existing teams to support CDSS

Case study: issue

Context

- Gold standard podiatry service
- Low clinical risk & basic foot-care patients not excluded
- Service quality rated as 'high'

BUT

- Problems booking appointments
- Insufficient capacity

Proposal: shift basic foot-care to alternative provider

Case study: CDSS advice

Data analysis, literature search, policy review, economic assessment found:

- Current unmet need; set to increase
- Importance of basic foot care in maintaining client independence
- Foot care to ↓ foot pathology incidence
- Impact on E&D

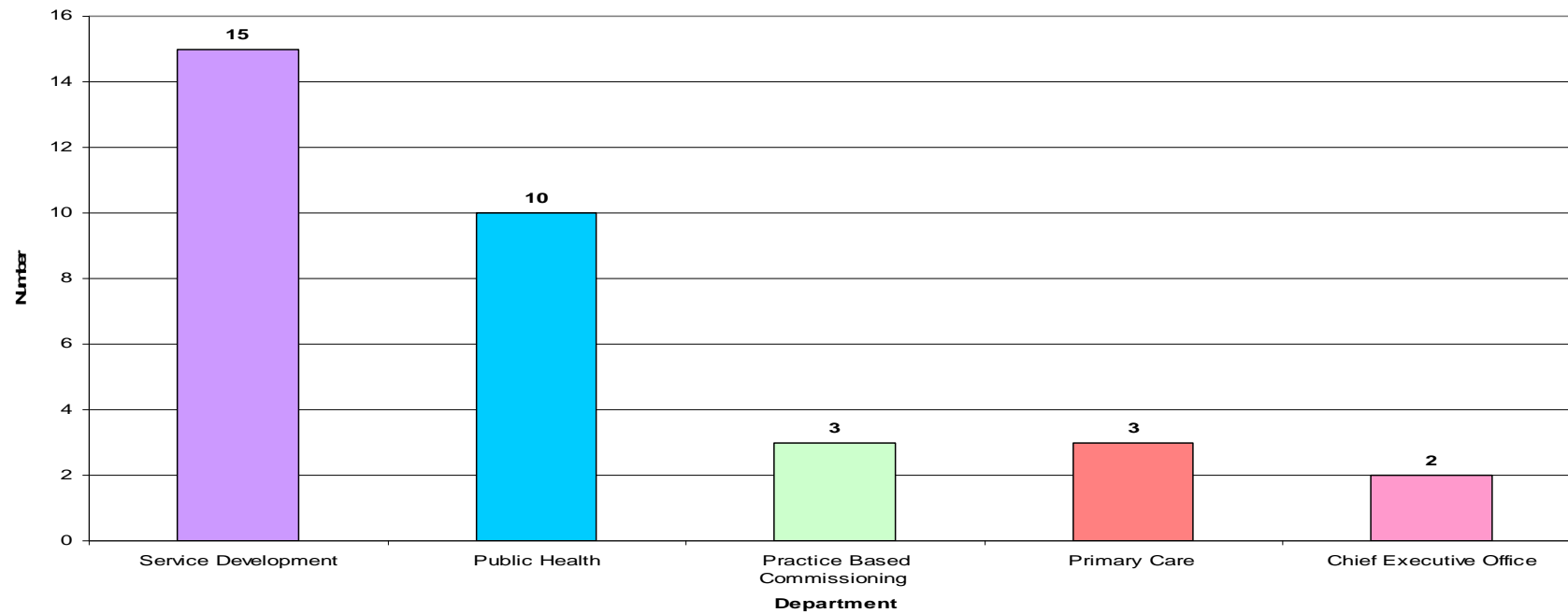
Case study: outcome

- Decision based on both national and international best practice
- Tailored to meet the local need
- Agreed podiatry service offered on clinical need only
- Additional, free foot-health service commissioned across 6 areas

Evaluation: Oct '09

- 33 requests to date = c. 2/month
- 20 referrers (range: 1-6 referrals)

Requests have come from:

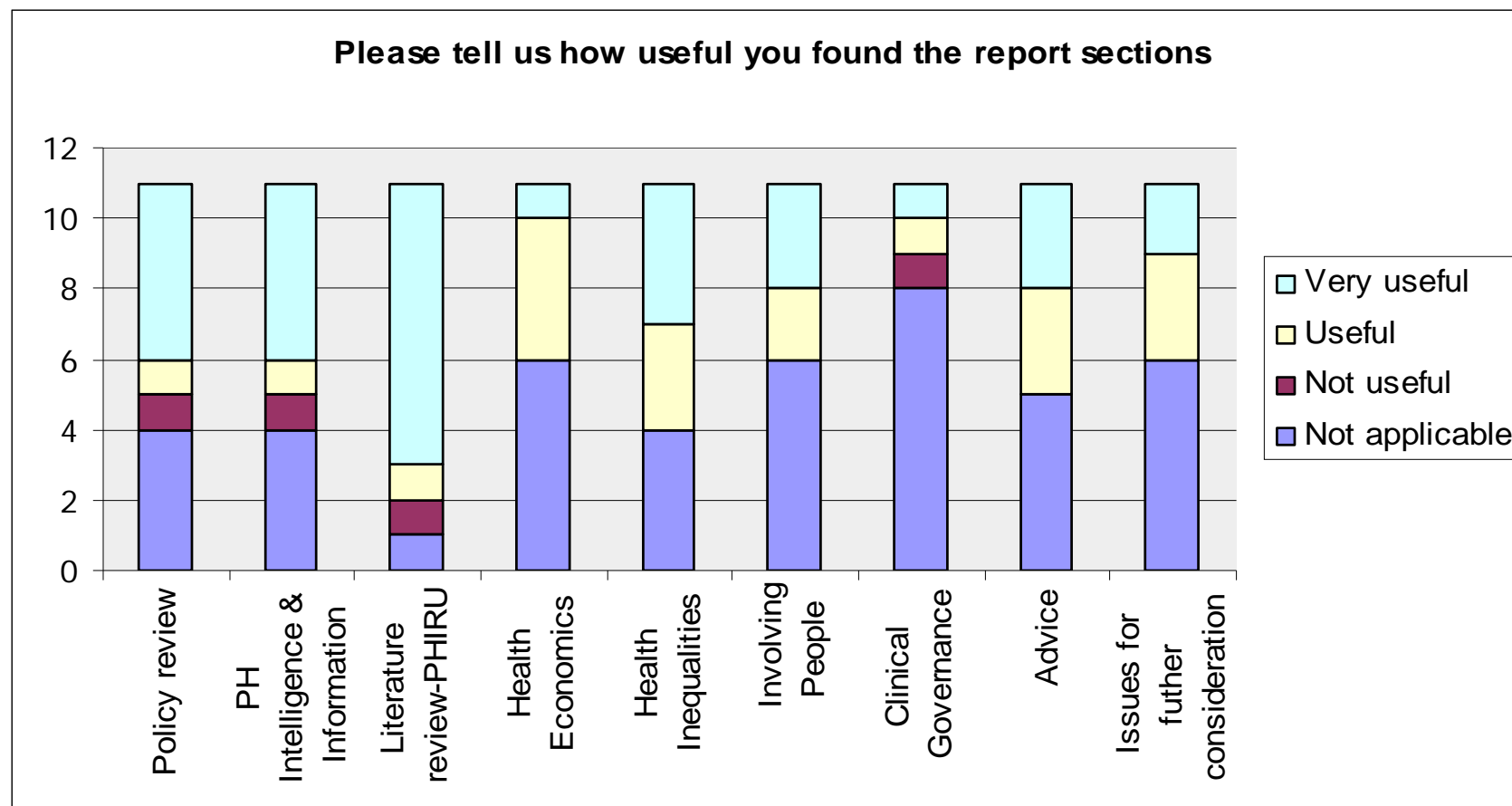


Evaluation: Oct '09

How user friendly did you find the request form?

“I did find it difficult to formulate clear questions. [The CDSS Manager] did sit down with me and help me...which was appreciated”

Evaluation: Oct '09



Evaluation: impact of CDSS

Respondents said:

- New service commissioned/provided/decommissioned: **55%**
- It led to better understanding of health inequalities within our population: **55%**
- Changed/improved practice: **46%**
- Improved knowledge of disease/service/population needs: **36%**
- Support bid for funding: **27%**
- Result in patients either receiving/stopping/changing treatment: **18%**

CDSS limitations

- PCT doesn't have a specific priority forum for the CDSS to feed into
- Relationship within organisational structure is still being developed
- Service capacity limited – victim of success
- Rapid turn-around scopes popular, but not always appropriate
- Confusion between CDSS vs. JSNA

Future development

- Extension of service to other PCTs, ACV
 - Localness vs. access to data
 - Need for increased analytical capacity
- Include QIPP audit in each report
 - CDSS reports to promote QIPP in organisation
- Develop service evaluation capability
 - Race 4 Health recommendation
 - Evaluation of impact of CDSS advice

Further information

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