

External providers & GP commissioners

PRELIMINARY results of a study
exploring knowledge exchange

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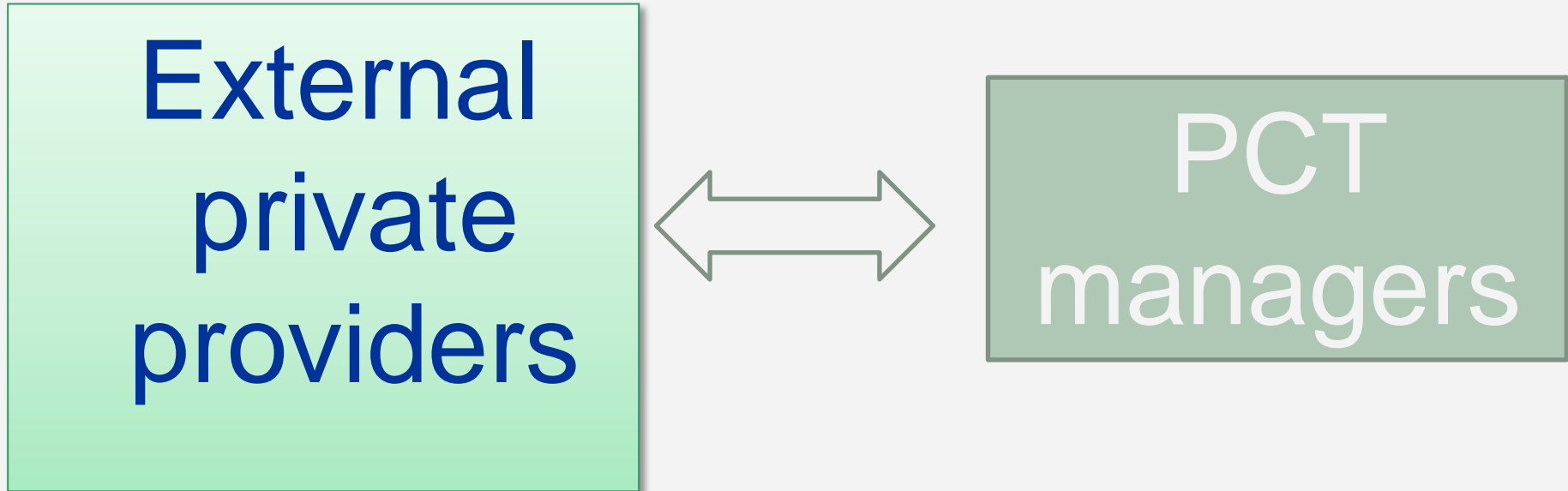
Catherine
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What did we want to know?

2008-2009



**KNOWLEDGE
EXCHANGE in FESC**

*Liberating
the NHS
2010-2011*

External
private
providers



GP
commissioners

PCT
managers

2012-2013

External
providers

CSUs

Clinical
Commissioning
Groups

(Abbreviated)

Research questions

1. How do commissioners access & use knowledge and research evidence?
2. Role and nature of external providers?
3. How does knowledge/ evidence inform commissioning decisions?
4. Benefits and disbenefits?

Methods

- 4 external providers + 4 CCGs = 6+ threads
- Interviews with external provider and NHS staff (n=60)
- Observations of meetings (n=20)
 - ❖ External providers & NHS staff
 - ❖ CCG Board & related committees
- Documents (n=100+)
 - ❖ Meeting minutes, plans, presentations, marketing material, websites, reports...

The story of a risk prediction tool



Once upon
a time...

THIS IS JUST ONE STORY!

The “offer”

- 2009 PCT commissioners buy suite of tools from commercial provider.

Our proposal is to give them a set of tools to help them with their data gathering and information and decision making supported by an analytics programme and wrap around support about what do you do with this stuff? How do you translate it into your commissioning business? (Director)

- “Commissioning enablement”

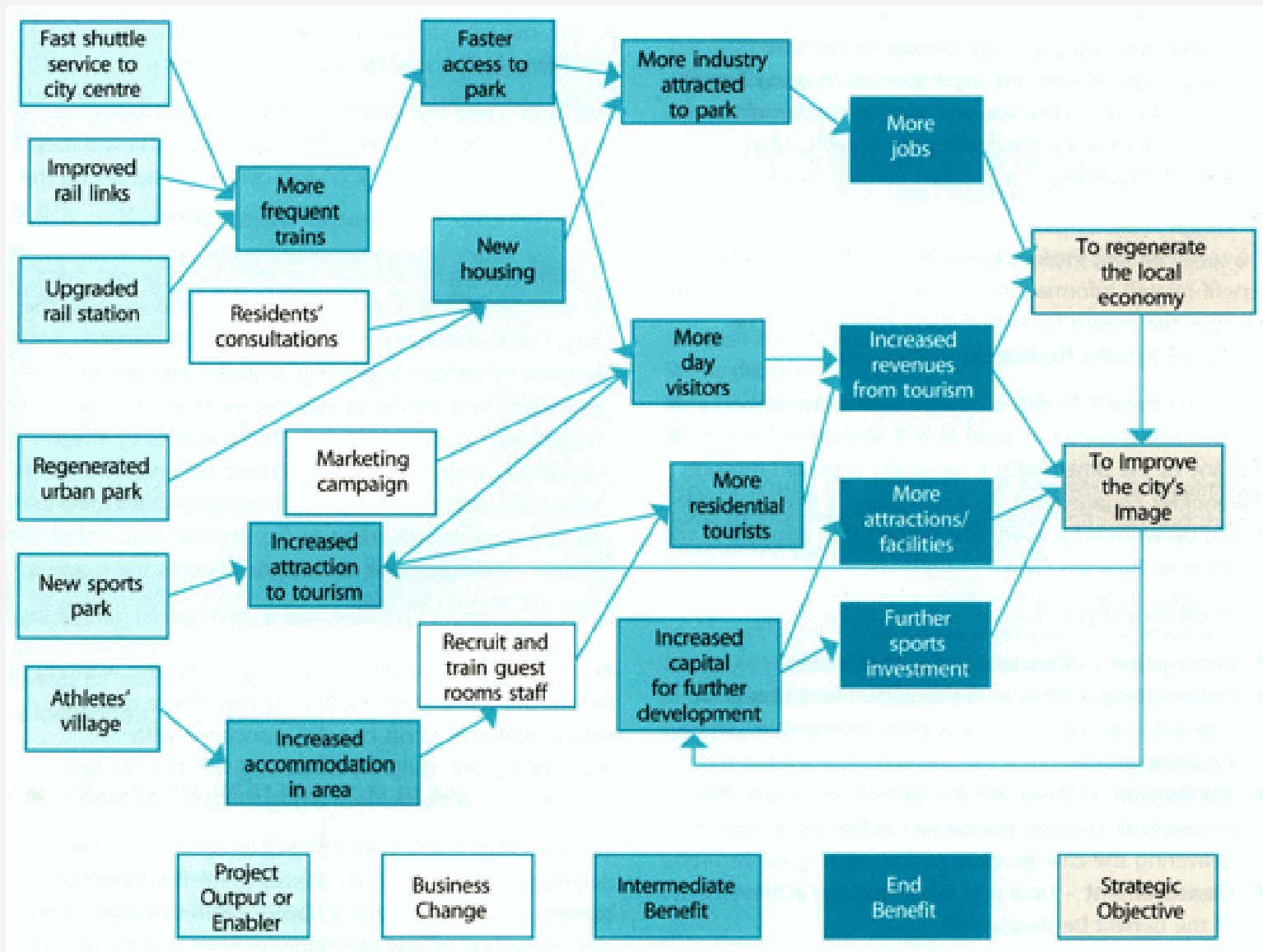
The contract



Payment depends on “benefits realised”

Role of external provider

*They [software tools] are just black boxes. And the aim of the project is to deploy them, that's fine, but between deployment of a black box and creating value, **there's a whole load of stuff that needs to happen in between.** So we provide the tools and we provide a benefits realization plan. It shows our clients, whoever they are, exactly the changes they need to put in place in order to maximize the value from that tool. (Programme manager)*



Major challenges

- Success of project (& external provider) dependent on PCT staff doing their bit
- PCT staff leaving in droves and those left did not have skills needed
- PCT staff suspicious of commercial company – potential competitor
- Commercial company prevented by PCT (current client) from direct access with future clients (CCGs)

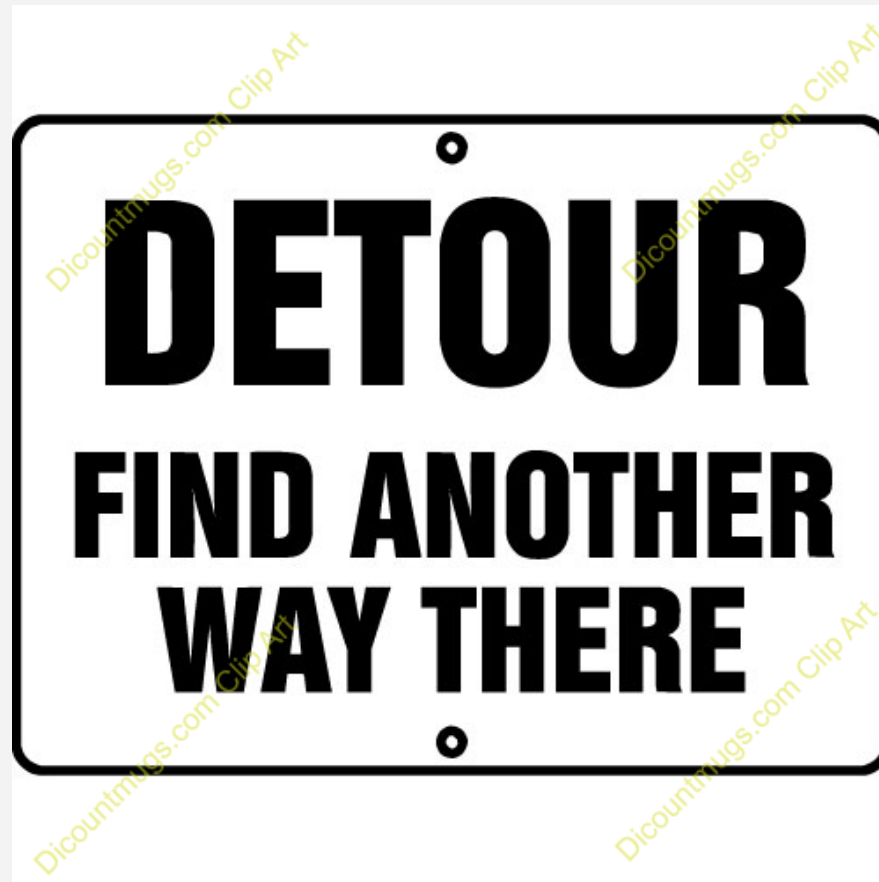
Reflections on commercial company

- Vibrant, open “6th form college” ethos
- Staffed by disaffected former NHS personnel
- Desire to improve and offer value to the NHS
- Knowledge exchanged both ways
- Linear understanding of change and knowledge exchange (“magic bullet”)
- Tension between advising & doing

Management Structure



How can we keep following this thread?



Academic International

- Not for profit company selling same risk prediction tool through commercial company.
- Concerns about knowledge transfer
- Short contract Academic Int'l to “skill up” 10 super users in NHS
- Use of academics as ‘knowledge brokers’
- Potential benefit - Influence commissioning through identification of higher risk patients and more equitable distribution of practice payments

Feedback from ‘super users’

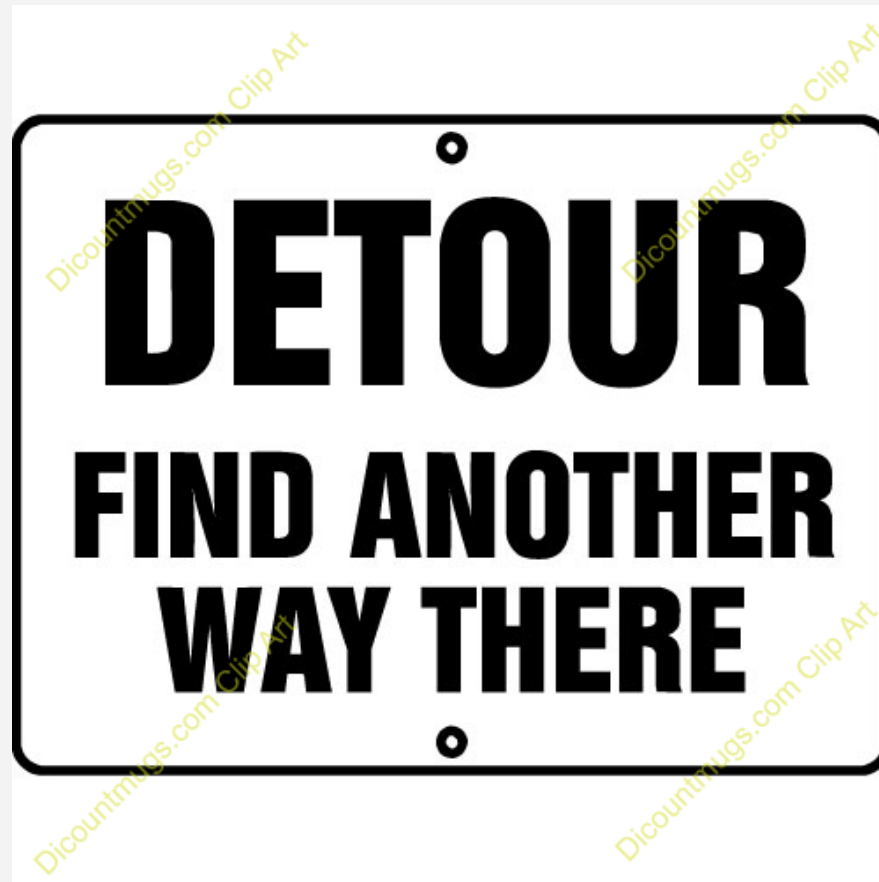
Training “excellent” but...

- Tool not UK synchronised enough. Data produced may not tally with UK system.
- Not sure how to apply because too complicated.
- Practices unwilling to share their data.

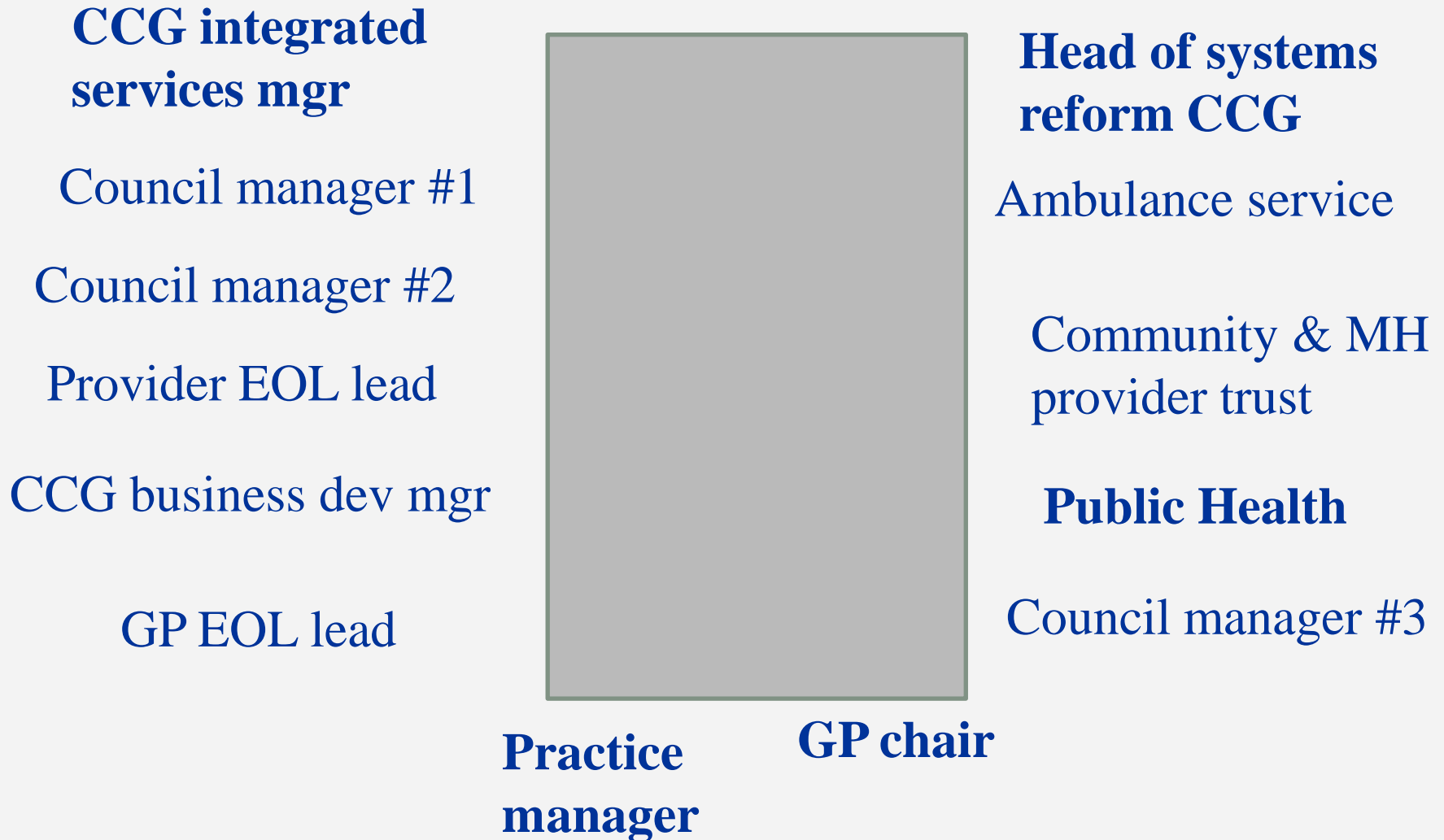
Positive viewpoint

I've been a fan of [risk prediction tool] or the idea of doing something very much like it, since it was first touted....in the early days we knew we were on a hiding to nothing, you know, not having the tool in our hand, trying to sell a concept that we didn't necessarily fully understand ourselves, that was very, very difficult....But the area that I think we're moving most towards, and personally I can see the greatest benefits in, is the ability to use the data to do case mix adjustment. (CSU analyst)

How does info from the risk prediction tool influence commissioning?



Unscheduled care meeting



A meeting of 2 parts

- General discussion
- Presentation from Public Health registrar
- Just one observation – atypical?

Unscheduled care meeting excerpt (NOT CCG!)

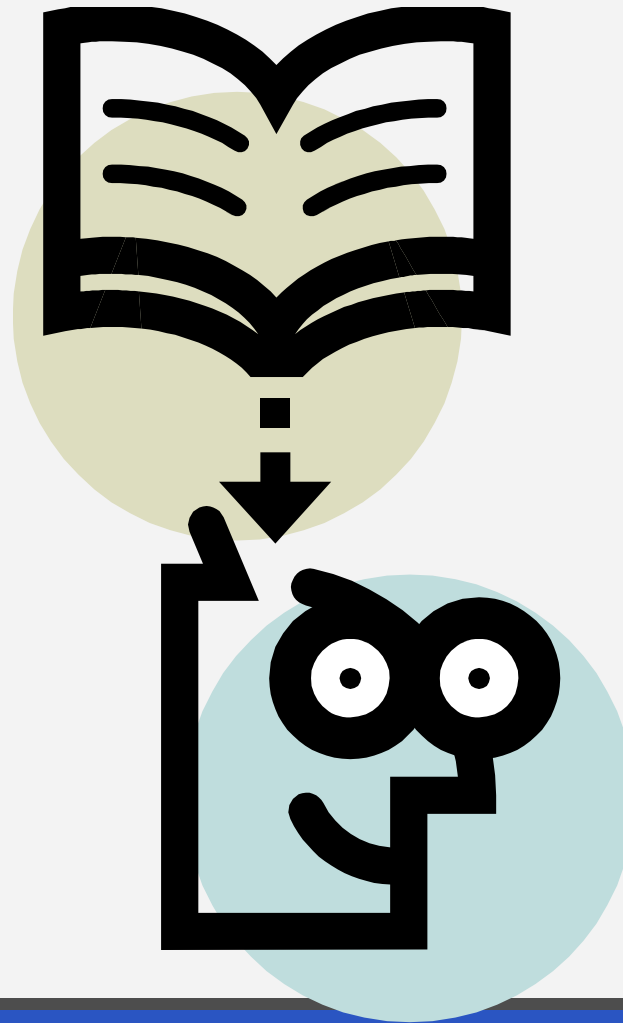
- We can't get the info we need – possibly because it doesn't exist.
- The info we can get:
 - ❖ Isn't in the format we'd like
 - ❖ Conflicts with other info or what we already know
 - ❖ Isn't applicable to our context

So...

- Suggest ideas of interventions based on anecdotal information.
- Make assumptions of what the data means (e.g. 42% no further treatment)
- Optimism that future research will give right info

Purdy et al (2012)

Systematic review of avoidable hospital admissions



Public Health presentation

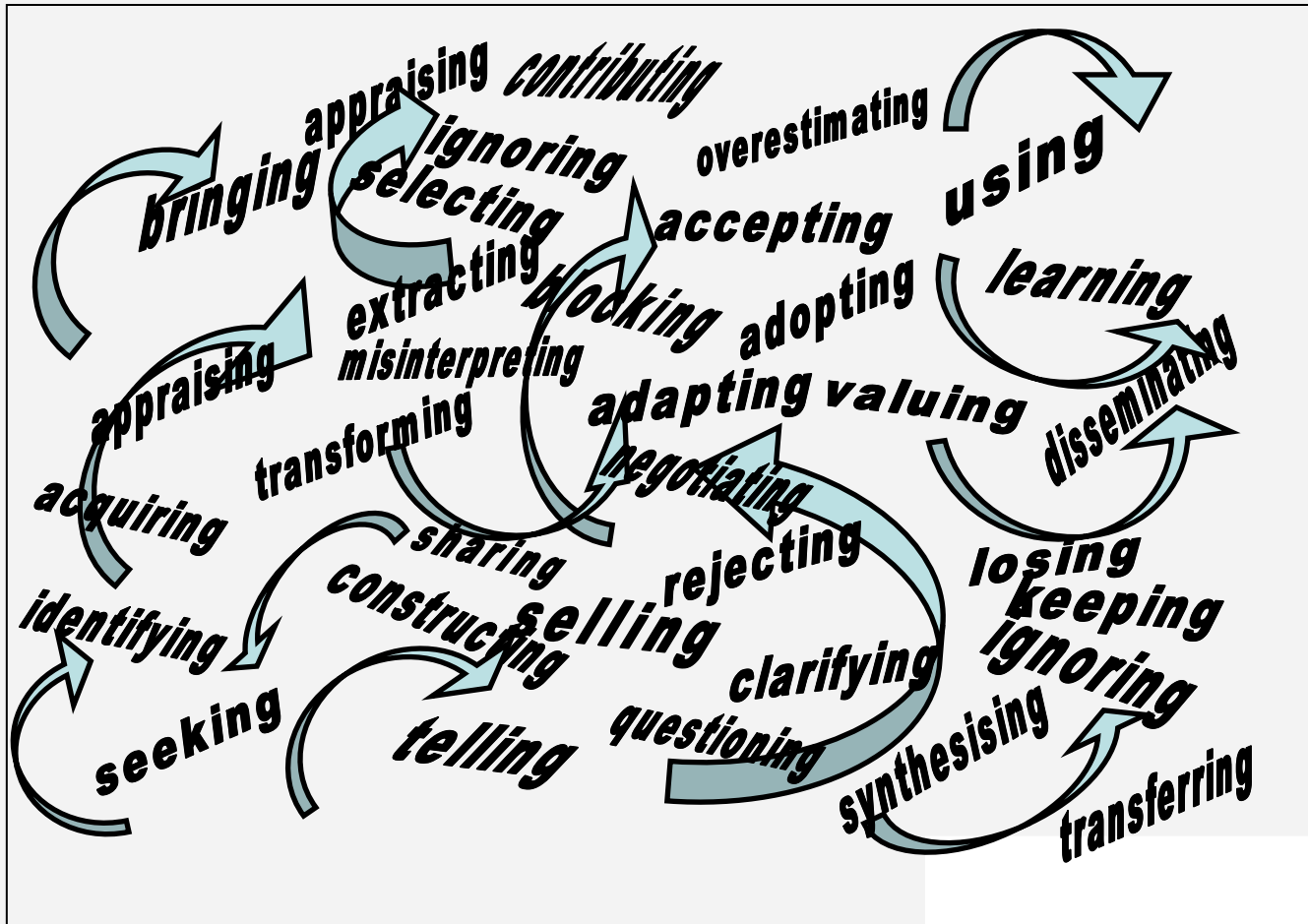
Intervention	Patient group	Evidence	Impact on UHA
Education & self-management	Asthma, COPD and heart disease	Recent Cochrane reviews 38 RCTs No comment on potential for bias	Reduced UHA in adults with asthma, and in COPD patients but not children with asthma. Weak evidence for reduced UHA for HF patients
Specialist clinics	HF, asthma, older people	27 RCTs. Moderate risk of bias	UHA reduced for HF patients (16 per 100, 95% CI 12 to 20) No evidence for UHA reduction in asthma patients
Telemedicine	Long term conditions, heart disease, diabetes, hypertension	57 RCTs SRs Meta-review No comment on potential for bias	Implicated reduction of UHA No quantification of impact

Preliminary findings

- No decisions made.
- No focused discussion of evidence table.
- Risk prediction tool mentioned and then dismissed.
- Tendency to find reasons to dismiss info.
- Misinterpretations of data not corrected by Public Health (e.g. asthma)
- Reversion to anecdotal suggestion for intervention not supported by evidence

Interpretations

Mindlines



Other interpretations

2. CCG 'out of their depth' and don't know how to use evidence
3. Badly chaired meeting and so talking shop
4. Members of meeting sceptical of evidence and its usefulness but don't want to say
5. Is the purpose of the meeting to make decisions or get the right people in the room?
6. Chaos behaviour

Conclusions

- External providers poised to offer advice & tools which may (or may not) be useful but currently are not reaching commissioners who make decisions
- Hard to know exactly who is making decisions or what is influencing them (YET!)



Challenges



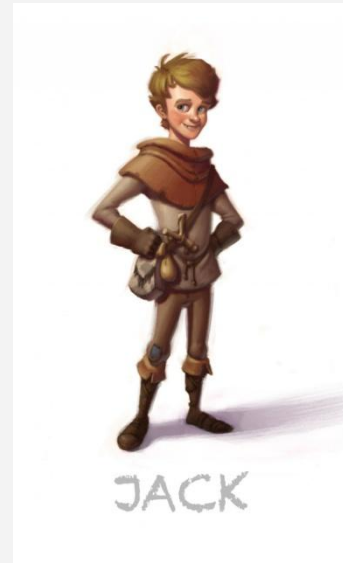
External providers



Affordable
high quality
NHS



Risk prediction tool



Commissioner

Many thanks to...

- Funders HSR&D (formerly SDO)
- The study team
- Study participants (NHS staff & external providers)

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