

NHS Alliance Acorn Awards 2011

Best Manager of a Consortia

Submission for Newcastle Bridges Chief Executive – David Thorne

This nomination has been prepared collectively by a mixed group of staff from within Newcastle Bridges CCG (“Bridges”) in recognition of the leadership of our Chief Executive, David Thorne.

Three years ago we were a PBC group with fairly widespread enthusiasm and active engagement from half a dozen people. Our meetings were as informal as our structures and ways of working. We had some low key and small scale projects but no systematic approaches. We had no external links, networks or stakeholder allies. We had no contact with providers or the City Council at all.

We are now seen as the most mature emerging CCG in the North East and one of the most progressive in the country. We have over thirty active redesign projects underway, several of which are backed by six figure sums built upon our savings. These projects are innovative examples of QIPP focused work and have featured in presentations by ministers and the DH top team. The structures and systems introduced to manage this framework are simple, clinically-attuned and have attracted an ever-increasing depth and breadth of engagement.

Our work is supported by a dedicated independent commissioning support team of seven people, again funded by our own resources. We have a separate CIC provider arm and model governance in place for that to work. Our wider governance successfully predicted the post-Pause structure and has been quoted by the NHS Alliance as an exemplar system. Throughout the last three years every “fork in the road” has seen us take the right path and we have continually been one step ahead of legislation, policy guidance and related challenges.

This is a CCG that has grown from the roots of hands-on primary care. It has not been an artificial construct of PCT managers or a small group of senior local GPs assuming control. We have had to overcome resistance from our PCT and other organisations as well as successive attempts to manage our style, timescales and composition. Most things we are proud of has been produced internally – from our constitution and governance to our business plan and Pathfinder application. We have also taken other good practice from elsewhere such as a modified form of PBMA and key account management techniques. What we have achieved has been hard earned and not gifted.

We have been supported externally in ways that have overcome such obstacles and we enjoy excellent relationships with our two MPs, the City Council, our SHA, other CCGs, our third sector and our providers. Indeed we have a structured way of working with our main provider that is seen as a model for integrated working and mutual respect whilst preserving commissioner independence.

The massive changes we have gone through in this period have not been at the cost of diluting our culture or values; in fact these have been made more solid and are now enshrined in our constitutional arrangements. Our values are articulated and underpin all we do; they are a major factor in the passionate commitment we draw upon with practice staff spontaneously coming forward to lead work. The transformational leadership we have in place has stimulated real active involvement from practice managers and nurses far in advance of what is the norm elsewhere. All of this is underpinned by a well-resourced educational and training programme that has included the development of commissioning skills (eg applied health informatics and PbR) for three years.

There are many factors behind our success but David is the key one and the catalyst for all of our achievements. Quite simply, none of this would have happened without him.

Background

Newcastle Bridges is a first wave pathfinder CCG covering the west of Newcastle upon Tyne. We have 16 practices and a weighted population of 131,000 across an area of significant social deprivation. The male life expectancy is less than 65 years, we have the highest proportion of BME patients in the SHA and it is an area that is a challenging area to work in for health professionals.

The local health economy is dominated by Newcastle Hospitals – a highly effective, profitable and successful organisation of considerable reputation. The PCT has struggled to match the hospital's de facto leadership, external relationships and simple "muscle". The PCT has also struggled to cope with the policy implementation of the current reforms and has made successive wrong turns at the fork in the roads re PBC and then CCG development.

The patch has two senior Labour MPs, a Labour Council and a generally socialistic philosophy so implementation of this government policy could have strained relationships. The area also has an excellent network of third sector groups in health, social care and economic regeneration that may have been assumed to have presented obstacles to the clinical commissioning proposals.

The area is one of passion and strong sense of community. People demand absolute commitment to the area's regeneration and to working within the renowned local sense of pride; in short, this an area of character populated by strong characters. It takes a certain kind of person to make an impression and David is able to brilliantly mix the dedication, personal style, communication skills and humour that is required to inspire the necessary credibility and trust for people to follow.

David uses his experience well. He has worked in mental health nursing, operational management within local hospitals, contract management and commissioning across fundholding and PBC. He knows the right people and they trust him because of his track record. He has planned and carried out an approach to ensuring support from external stakeholders that has been highly successful.

David was an Associate Director at the PCT and we asked him to leave and set up as a consultant so he could lead our work and manage a small commissioning team that the Bridges practices' employ on a consultancy basis. They, including David, are independent of the PCT. This approach has been copied by all CCGs in our PCT but with smaller teams than Bridges.

The employment conditions are such that it takes unusual commitment to join but we have enthused, expert and effective people in post. David received no redundancy payment as he left before the most recent NHS reorganisation and neither did most members of our support team. The PCT position and national policy mean that they have worked to short term contracts with little security and no NHS terms of conditions. At times they have worked unpaid for some months whilst we have waited for PBC and support funding from the PCT. David has often paid for salaries and other costs (eg meeting room hire and web hosting) himself when we have had no cash flow.

It is worth noting that David spent eight years in world-leading commercial companies before returning to an NHS role. What he always says is that such companies focus on culture, values and facilitating good people to thrive. In contrast the NHS focuses upon structures, process and blame. We have followed David's path and it works. One of our main motivations in this application is not to boast, but to widen awareness of just what is possible through inspirational management.

What follows are brief examples of David's achievements against the award prompts. It is not what David has done directly that has counted most - he has developed us to the point where we design and deliver. David has grown the systems and culture to enable us to mature and thrive.

Partnership working with clinicians - We have broad and deep engagement with simple structures in place to design and deliver projects through clinical leadership. Our Commissioning Plan is based upon real ownership of the priorities. This is where David excels – he can take practical management techniques and make them both understandable and fun for clinicians. This is even the case for PbR training, which we do through his “Follow the Money” seminars that other CCGs across the country have embraced. Our work programme is supported by:

- Use of SIF (service investment fund), a concept invented by David whilst still at the PCT as a “seed potato” fund (£1.5m) from under spends used to stimulate invest to save projects
- The Project Support Group (PSG) – a fund to support sessional reimbursement by practice staff accessed by a simple one-page template and rapid turnaround, an ingeniously simple summary of the Commissioning Plan using a gold/silver/bronze taxonomy of priorities, easy to measure progress and report to practices and the PCT
- Wide and deep engagement – we have practice managers and practice nurses leading projects and this reflects the depth of interest but also that in some cases they are the best individuals and professions to lead work
- Demystify contracts, PbR and NHS systems – we have clinicians coming forward because they are not intimidated by the arcane systems and see the patient benefits, hence projects on a wide range of issues from Vitamin D and constipation to cancer care and LARC

Developing and communicating a strategic vision - David’s NHS experience has been married to his commercial marketing training to great effect. Bridges has been measured as being the CCG that has the most positive “noise” in terms of press, internet and presentational content. This is based on the clarity and consistency of vision as well as the constant repetition of key themes through mixed media to consolidate our culture and values.

One example will suffice here. David devised the “number plate” as part of QIPP. It shows our weighted capitation per patient, our mean non elective cost and the frequency of such admissions. It is **1856 1784 33** – ie we have £1,856 per patient budget and every 33 minutes one of our patients has an unscheduled admission that averages £1,784 (if obstetrics and mental health is excluded). If we move the frequency by a minute each way the impact is £750k. This simple device has galvanised everyone and sums up QIPP, our role as commissioners and the opportunity and risks we face. It is a classic invention of David’s that is irresistible in its examination – eg we now do it by key specialty with COPD mean costs being £2,474. This is a great device to engage the public too.

Bridges has a clear “brand” and we all recognise that this reflects our values and priorities. Again, the clinicians choose policy and decide priorities whilst David advises and then delivers.

Handling competing and conflicting demands and priorities - Our approach is practical, team-based, collective and driven by the needs of our patients. We are averse to bureaucracy and unashamedly pragmatic. David has introduced deceptively simple systems from paper free Executive meetings to the use of Covey’s systems to decide the work programme. We also use LEAN methods such as Walk the Wall to manage projects – two of which will feature at NHS Alliance conference sessions.

Managing Upwards - A formal stakeholder plan has been enacted and has built the relationships mentioned throughout this application in terms of the DH, SHA, City Council, providers and others. This was a structured approach using key account techniques and scoring systems to measure alignment. It has worked; we have received ministerial visits and Bridges staff have presented to ministers and the DH top team. Most importantly it has provided a layer of protection and support in terms of our Pathfinder application and preparation for Authorisation. It is entirely founded on credibility and reputation for delivery rather than rhetorical reputation.

Managing change to produce improved outcomes and services - David has taught us how to take on industrial scale change and be brave in terms of risk. Our two biggest projects are the Care Homes Project (£436k budget) and an MSK pilot redesign (£360k). These are intimidating projects with multiple strands to manage but we have developed the confidence to be bold and accept that some of the lessons will come from aspects that don't work. However, both of these projects have shown significant reductions in hospital activity and in quality of care. The PSG concept David designed has also shown us that small scale projects are invaluable in their collective impact and their individual contribution to our belief in our ability to deliver.

Developing integrated care, both vertically and horizontally in the system - We have a very powerful acute FT plus England's largest mental health FT. David has taken a method used by Nissan and others to develop a formalised approach to working with our partners. This is an innovative model for integrated service redesign based on mutual respect and clinical leadership. It uses Kaizen techniques combined with a modified use of PBMA to produce a focused form of rapid process improvement problem solving to enable us to redesign services in short meetings that are clinically attuned and revelatory. These break down the transactional barriers and tribal views of the NHS and focus on the true core of patient care and the NHS as a systematic whole. The technique has been shared with other CCGs and organisations – eg it is being used to address horizontal redesign of diabetes services in Liverpool. When this way of working is introduced to clinicians it is truly inspirational – not least because it works!

Building effective relationships outside of the NHS - Our other Bridges' Acorn bids show the extent of our third sector engagement and the success of our conference on commissioning with multi cultural issues in mind. David has also led our work linking with the pharmaceutical and medical devices sectors and was a speaker at the ABPI AGM.

Ensuring sound governance - Bridges had arrangements in place that anticipated The Pause suggestions and required no amendment; a robust constitution, tripartite governance that is suitable for statutory status and model appointment systems – including electoral systems for community representatives. The structured engagement of nurses has been particularly successful against the national trend.

Sound financial management - We have consistently delivered to budget – hence the SIF and other project funding. David's contribution has been to create a way of working that is focused on delivery using novel reporting systems to engage clinical interest (such as the number plate). In addition:

- Extending David's belief in simple systems, we focus on understanding the problem and then finding the solutions, which has completely changed assumptions around issues regarding our urgent and emergency care system (to be presented at the NHS Alliance conference)
- Delivering repeat training entitled "Follow the Money" to engrain PbR and contract awareness across all staff groups using fun examples that have stimulated projects
- Conducting in depth analysis that goes far beyond most PCTs in terms of understanding the real nature of activity pressures and coding anomalies – what David calls "shining the torch"
- Identifying areas conducive to longer term work and more focused "hits" to achieve a series of immediate financial benefits – for example 10% of our pathology costs were miscoded
- Providing a stream of examples that engage clinicians and make financial management and contracting come alive so that we have a real sense of being able to deliver benefit
- Inventing systems for graphical representation of activity and finance that transform NHS processes into formats that practices enjoy analysing and resolving – the most regular feedback we receive is to increase the dissemination of such material and, each time we do, we receive more volunteers from practices to participate and lead our commissioning work