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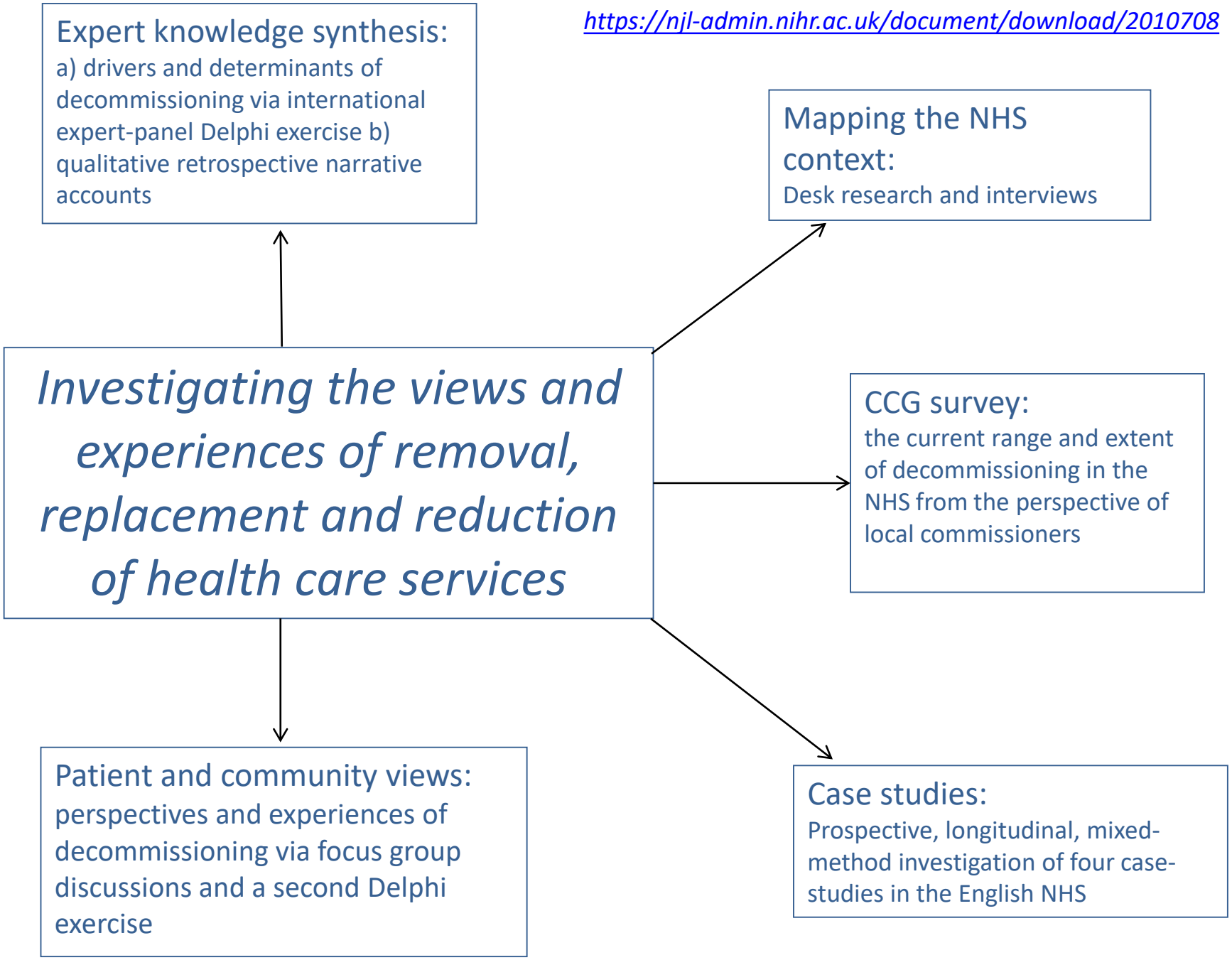
Local decommissioning in the English NHS

Iestyn Williams
University of Birmingham
@IestynPWilliams

https://njl-admin.nihr.ac.uk/document/download/2010708



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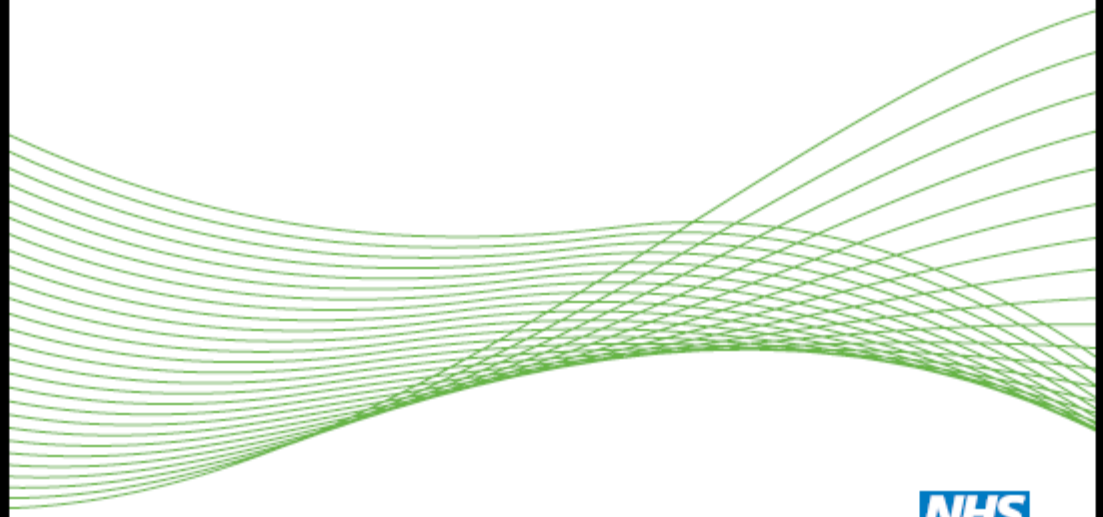
Decommissioning health care: identifying best practice through primary and secondary research – a prospective mixed-methods study

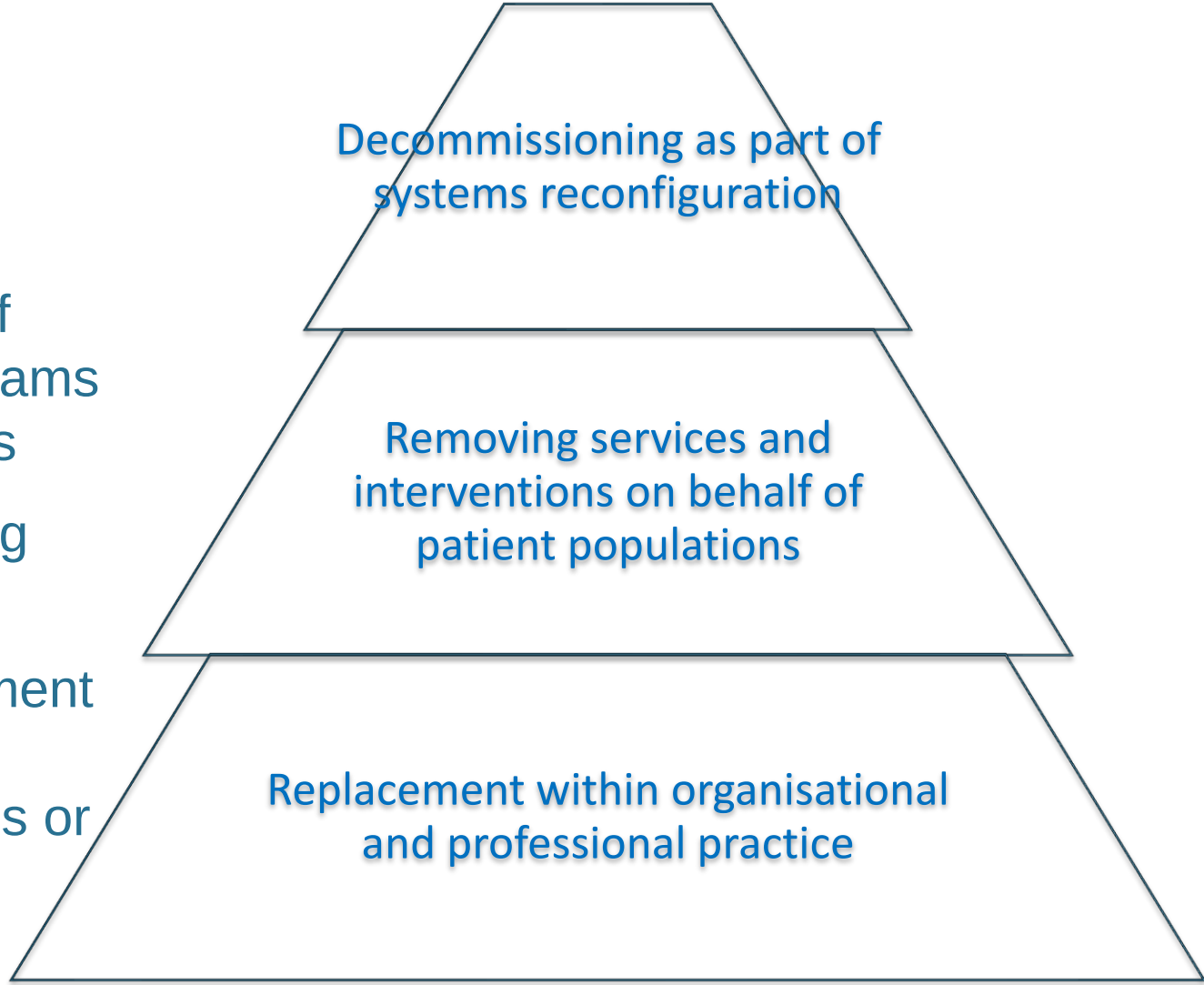
Iestyn Williams, Jenny Harlock, Glenn Robert, Russell Mannion, Sally Brearley and Kelly Hall



NHS
National Institute for

Types

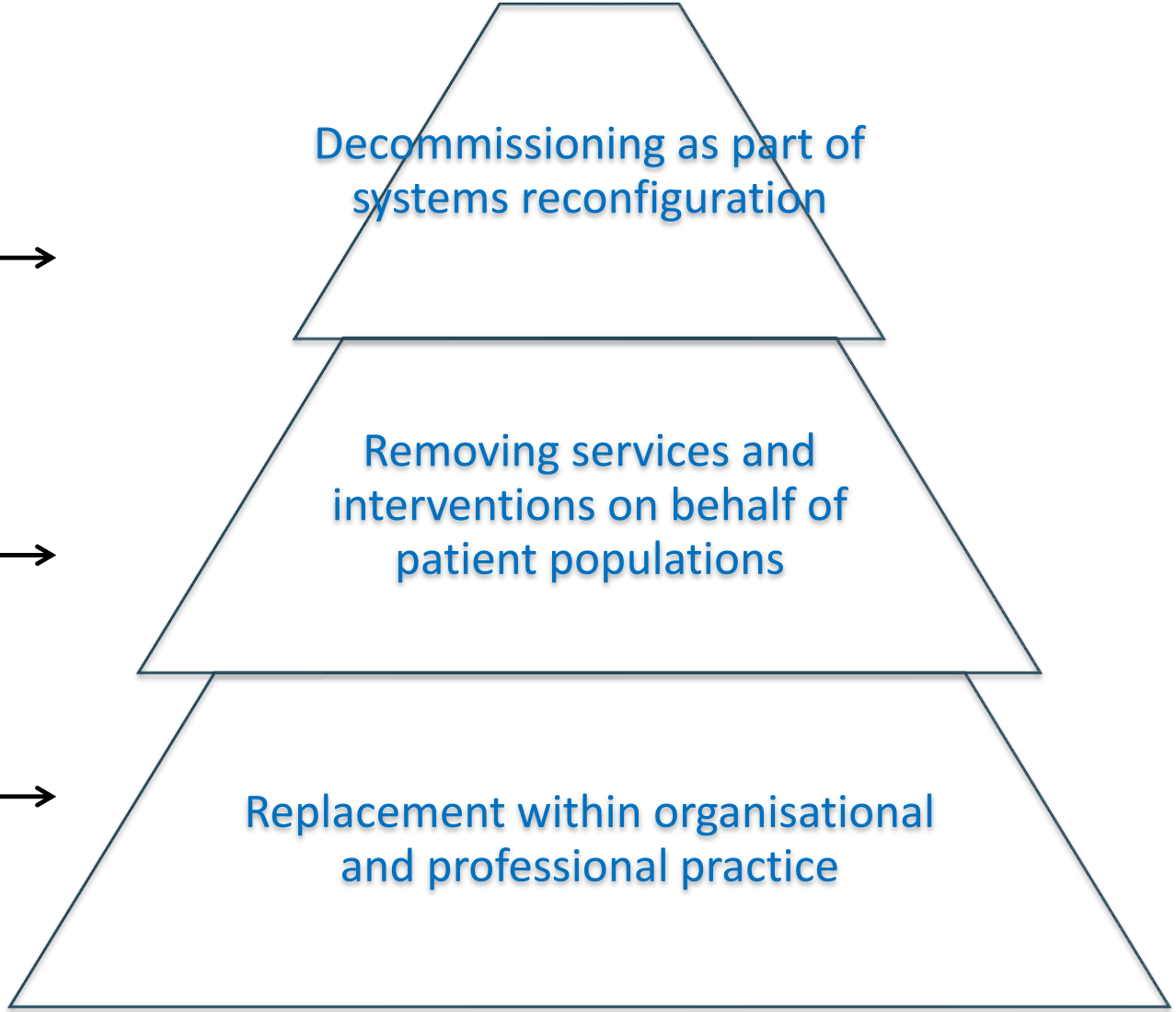
- Closure or discontinuation of health care programs and organisations
- Replacing existing services
- Reducing investment in or access to specific medicines or equipment



(large) System change →

Priority setting/ commissioning →

‘Choosing Wisely’ etc →



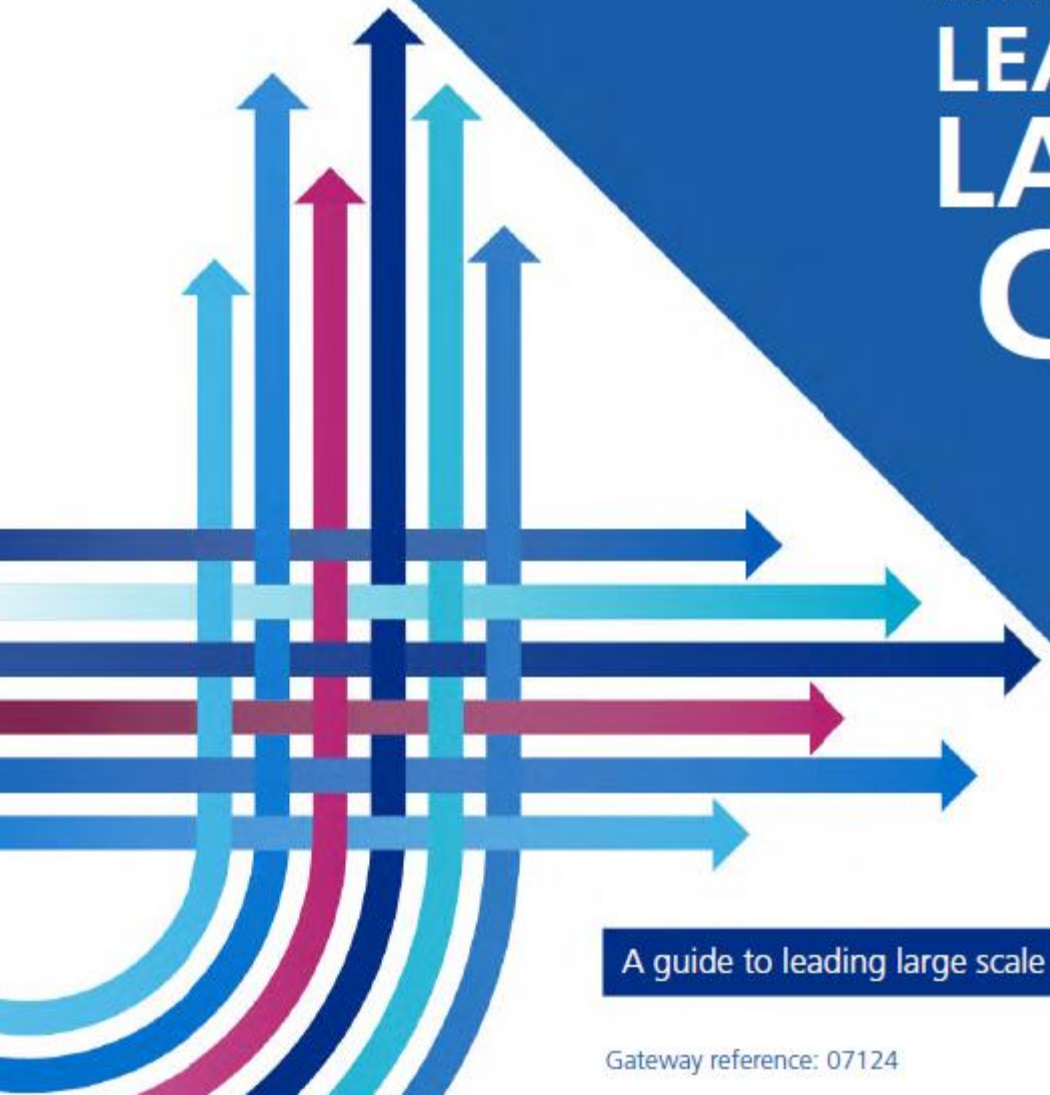
NHS
England

Sustainable Improvement Team
and the Horizons Team

LEADING LARGE SCALE CHANGE:

A practical guide

Executive summary



#LargeScaleChang

A guide to leading large scale change through complex health and social care environment

Gateway reference: 07124

Is decommissioning ‘different’?

- *Decommissioning can’t be named*
- *Local decommissioning is rarely local*
- *Decommissioning has never been centrally mandated*
- *Apparently confounds theories of welfare retrenchment*

Recommendations for ‘best practice’ in implementing decommissioning

1. Identify and establish a strong top leadership team
2. Engage and involve clinical leaders from an early stage
3. Establish a clear rationale and narrative for change
4. Clear and thorough project planning and governance
5. Secure high level political support (national and local) at an early stage
6. Base decisions on evidence of what works
7. Adopt a whole systems perspective from the beginning

Robert et al, 2014

Case studies

	National reorganisation of specialised service	CCG-led re-organisation of acute and primary care	CCG-led service decommissioning of one service	APC disinvestment
Establishing legitimacy	↓	↓	↓	Stalled
Mobilising inner actors	↓	Stalled	↓	
Wider acquiescence	Stalled		↓	
Implementation			↓	

Translation (based on Callon 1984)

Recognition of problem	Scientific artefacts, esp ‘reviews’
Enlisting key actors in the solution	Formal programme panels, boards etc
Enrolling wider constituencies	Public, politicians, workforce (see next presentation)
Mobilising	New problems arise…

Case studies

	National reorganisation of specialised service
Establishing legitimacy	↓
Mobilising inner actors	↓
Wider acquiescence	Stalled
Implementation	

'If we're going to really try to meet the standards and to improve the level of the quality of burns care and to secure the outcomes for people, the current distribution of service and the current use of manpower is just not sustainable. We need to group them into bigger and fewer services and that's particularly true at the top end.'

'We're in the development of the reporting stage and gathering the evidence as a case for change. That has been an incredibly painful process in terms of seeking a consensus on the evidence base, which is very limited.'

'We're too small. They're keen to centralise other services because they cost a shed load. They're a significant slice of the financial NHS pie whereas we aren't. We are never going to make a financial hole in anybody in which case we're below the event horizon as far as they're concerned . . . I must admit I think it is one of the best examples of reorganisation or attempted reorganisation because it wasn't on the back of a disaster, it was actually one that was done reasonably objectively and in reasonable time, but it doesn't seem to have helped it move forward.'

Case studies

		CCG-led re-organisation of acute and primary care
Establishing legitimacy		↓
Mobilising inner actors		Stalled
Wider acquiescence		
Implementation		

'If the patch continued to operate as it currently did, it wouldn't be delivering the best outcomes to the local population and along that journey, on a kind of two to five year basis, some of those organisations were going, at different rates, to struggle to be sustainable.'

'The stakeholder management bit is something I've spent probably 60% of my time on, making sure that people feel as if they're connected into it and understand where it's getting to, what it's doing. So that we don't get to a point in the summer or the autumn where people say 'You've been doing this in the bubble, I don't recognise it and I'm going to snooker it'.

'So this is about the chickens coming home to roost. Everybody's thinking this will be alright for them and it's everybody else that's going to have to give. There's going to have to be some give and that's the only way around it. But as commissioners, we will have, obviously, alternative options. If the providers don't work collaboratively to deliver the solutions then we'll commission for an alternative model and that will take longer but that's what we'll do. So there are solutions that can be put into place.'

Case studies

			CCG-led service decommissioning of one service
Establishing legitimacy			↓
Mobilising inner actors			↓
Wider acquiescence			↓
Implementation			↓

‘In the end I think we just took a reasonably pragmatic view which is that we know that the quality of the services we provided has been of very high standard [but] *the decision had been made and I think it would have been churlish to challenge the decision of the CCG. You know, we didn’t want to be confrontational about this.’*

‘We did a pretty good job. There wasn’t much to go on. We had to kind of feel our way through it. We only had a skeleton structure … We kind of used common-sense and just general project management skills to kind of get through it.’

If priority setting, commissioning, guidelines etc are relatively unsuccessful elsewhere, how likely is it they will work for decommissioning in its various forms?

- Scale and proportionality
- Serendipity
- (absence of) Control
- Momentum
- Context

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