If you want to sell your services to CCGs, you must know what it is they want

A few weeks ago my 60 something mum decided to buy a new laptop. She went along to a well known computer shop and explained what she wanted; a lightweight laptop that she could principally use for browsing the net, and for social media. The sales assistant showed her some laptops which she liked but then proceeded to try and sell her a printer, MS Office software and a scanner to go with it. He ignored all her objections like the fact they already have a PC with printer at home which has Office on it and that she had a digital camera which meant she had no need for a scanner, and ploughed on regardless! As you can imagine, my mum grew more and more irritated and eventually left the shop without any of the things he’d suggested – or the laptop that she had wanted to buy. As she ranted on the phone to me later, he hadn’t listened to a thing she’d said, and worse assumed that because she was an older person, she didn’t know anything about computers or the internet.

Now this isn’t a blog about how bad the customer service is in certain high street computer shops (even though it clearly is!), it’s about how the third sector is in danger of behaving very much like the sales assistant who irritated my mum so much by not listening to, and understanding what CCGs want, and instead trying to sell them the things they already do which may not be what CCGs need or want.

As we all know, it’s incredibly difficult out there for most third sector organisations, especially for smaller locally based/funded ones, and however much many organisations in principle disagree with the changes to the NHS, most organisations are also seeing it as an opportunity to tap into health service funds. With Local Authorities being cut to the bone and increased competition for Trust funding, the NHS is one of the few places where people think it’s possible to get money.

However, let us be very clear, the NHS needs to save money; 20 billion by 2015 which is roughly £90 million a day. Any service a CCG buys from the voluntary sector will have to demonstrate how it will help save the NHS money.

Secondly, any service a CCG buys will have to deliver against the CCGs own commissioning outcomes. The high level outcomes have been handed down by the NHS Commissioning Board and are

Domain 1 – Preventing people from dying prematurely

Domain 2 – Enhancing quality of life from long term conditions

Domain 3 - Helping people to recover from episodes of ill health or following

Domain 4 – Ensuring that people have a positive experience of care

Domain 5 – Treating and caring for people in a safe environment, and keeping them safe from avoidable harm

All CCGs will be commissioning services that fit within those 5 domains, the specifics may change locally but meeting those outcomes is what matters. Third sector organisations will need to look at how their services help to meet those outcomes as well as saving money.
In many cases this will mean framing existing services with new language that CCGs will more easily understand and relate to.

However, worryingly, there are still significant numbers of third sector organisations who are taking the approach that all they need to do is “raise awareness” with CCGs about what they do, and that CCGs will somehow magically see the benefit to them. They won’t. The scale of savings that have to be made means that CCGs will want to see both evidence of impact AND cost savings and third sector organisations will need to be able to provide both to be successful.

Third sector organisations that can do this will thrive in the new system, those that cannot, will struggle.

Third sector organisations will need to be able to show just what difference their service makes to the NHS e.g. does it help people manage Long Term Conditions better and reduce time spent at GP surgeries? Does it help people have a safe exit from hospital and back home? Does it help people have a positive experience of hospital by for example providing help on wards with feeding or companionship?

And if it does do these things, how does that translate into savings? E.g. if a patient that was going to see their GP once a fortnight with an issue around their Long Term Condition but is now only seeing them once every 3 months, how much money does that potentially save the NHS?

Having systems in place to produce this evidence and savings isn’t easy but if third sector organisations want serious funding from the NHS and not to run endless small “pilot” projects, then they will need to put them in place.

The Dept of Health has stated it wants the NHS to be the biggest social enterprise zone in the world. The competition for funding will be intense and will only increase. If we don’t want to miss out, we need to make our case now, and as strongly as possible.

B&W Consulting blog
http://www.barkerandwoodardconsulting.co.uk/16.html