

Making encounters work: How can Service Design support a more collaborative healthcare commissioning process?

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Healthcare in UK is going through what has been defined as the biggest and most ambitious change management in its history (Delamothe and Godlee, 2011; Gregory et al., 2012). Key players in this change programme are the Clinical Commissioning Groups (CCGs) who are groups of practices responsible for planning and buying healthcare for their patients, working in partnerships with local communities and local authorities. With the new approved Health and Social Care Bill (2012) by April 2013 CCGs are responsible for 60% of the commissioning budget. They are urged to de-commission old models of care in favour of more preventative and integrated solutions designed around the needs of patients (Blunt and Leadbeater, 2012).

This presentation will be based on an ongoing research into healthcare commissioning and Service Design in UK; it will reflect on outcomes from an exploratory research workshop, interviews with four CCGs and four designers, and a short ongoing project collaboration with a CCG exploring the use co-design tools to make commissioning encounters work better. Previous research into Practice Based Commissioning has highlighted how “most of the difficulties for effective GP commissioning are related to structures, mechanisms and professional practices that resist and conflict with collaborative and integrated modes of commissioning and delivering services” (Sangiorgi et al., 2010: 40).

As part of the authorisation process, CCGs need to be able to demonstrate to have “a strong clinical and multi-professional focus” by actively engaging other clinicians (secondary, community and mental health care, public health experts, people working with citizens with learning disabilities and social care), and to carry out a “meaningful engagement with patients, carers and their communities” (NHS Commissioning Board, 2012: 7).

The presentation will summarise insights from the exploratory workshop and interviews, with a special focus on barriers for collaboration and patient engagement; it will then reflect on how co-design can work as an approach and a framework to help the convergence and enhancement of collaboration within potentially conflicting commissioning encounters.

References

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