Resource sheet: what is Experience Led Commissioning™

"There are two main things ELC™ helps. One is that we get it right more often; that we design services correctly in the first place - don't make as many mistakes or avoid unintended consequences. The second one is, where decisions are difficult, it is more likely we will retain support as we go forward..." rather than it becoming an adversarial issue..."[1]

What is ELC?

In 2014, The Quadruple Aim recognised that patient experience, improving population health, reducing costs, and improving the work life of caregivers, including clinicians and staff is critical.

When both patients and front-line professionals have an effective voice within the health and care system, service redesign, strategic purchasing (or commissioning) will be more responsive, and outcomes focused.

Experience Led Commissioning (ELC) was first piloted in 2010. It is an evidence-based approach to strategic purchasing and system management that starts from the premise that listening to and deeply understanding everyone's experiences of care leads to different commissioning questions and often results in less interventionist, more outcomes-focused, person-centred service solutions, and ways of working that improve quality AND save money.

A simple way to compare ELC with more conventional approaches to systems management is to contrast the kinds of questions ELC prompts system leaders to ask.

For example, clinical commissioners might look at the evidence for outpatient follow up of cancer survivors and based the fact there is no clinical evidence of benefit realised from follow up, conclude that follow up adds no value and decommission this service. However, this only focuses on the clinical value of follow up – not the human value.

Experience research tells us that cancer survivors feel being followed up provides them with a highly valued sense of reassurance. This does not mean that the system continues to continue to commission outpatient services. It requires instead that we ask a different commissioning question:

'*How do we commission and provide reassurance services for cancer survivors?*'

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[1]360-degree appraisal of North Lincolnshire ELC Programme. Data on file GCA Ltd. 2012

This question has many possible answers and opens people up to a whole new world of non-clinical, coproduced solutions that would preserve the valuable sense of reassurance cancer survivors gain and feel they need to live their lives to the full, whilst supporting and smoothing the process of decommissioning of the clinical elements of care that are not adding value.

Built on robust academic qualitative research into peoples' experiences of care, the ELC Programme Approach benchmarks local insights against datasets of 'universal' experience of care. This removes the limitations of personal anecdote inherent in many engagement approaches that often mean they lack rigor and thus credibility with clinicians e.g. having a patient representative on a commissioning committee who shared their personal experiences only.

ELC transforms strategic management of the health and care system, including commissioning, into a series of conversations that happen at co design events where groups of affected people and front-line staff work with system managers and providers to co design better ways to deliver services and support that add greater value. This includes co-designing an outcomes framework to underpin outcomes- or values-based contract frameworks.

Furthermore, by engaging and focusing the whole system being experience-led, ELC creates dissatisfaction with the status quo and a compelling narrative and vision for change and builds an inspired, energised team of champions across the local community who provided diffused leadership, seed a social movement for change and improvement and shine a light on and harness community assets that can contribute to more sustainable change.

ELC is also a lean approach. It pays great attention to understanding value and the cost effectiveness of care. However, we know from volumes of motivational research that money is rarely the driving force behind a sustained change. Rather, working towards an inspiring higher purpose sustains people through both the good and the challenging parts of the change journey.

Understood this way, ELC is about creating a cultural shift as it is about a new approach to commissioning.

ELC draws on techniques and tools like storytelling, social marketing[2], person centred planning, experience based co design (EBCD)[3] , The Esther Project[4] and blends them with learning from behavioural and cognitive psychology, motivation

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[2] www.social-marketing.com/Whatis.html

[3] Bate SP, Robert, G. (2006) Experience-based design: from redesigning the system around the patient to co-designing services with the patient'. *Quality and Safety in Health Care*, vol 15, no 5, pp 307–10 and www.kingsfund.org

[4] http://www.lj.se/esther

research, social movement theory and the design and improvement sciences. This transforms commissioning into a powerful vehicle for community and clinical engagement that is focused on improvement from the start.

How does the Experience Led Commissioning (ELC) process work?

The ELC process is a strategic tool to drive improvement within health and care systems towards values-based health care based on person-centred system design.

It changes understanding of what matters to everyone and often shines a light on simple solutions to improvement challenges that are sustainable, build on existing assets and empower people to create health and restore autonomy to caregivers.

ELC design principles

ELC is underpinned with 7 design principles. These guide all our work as ELC Practitioners:

1. **We respect everyone's perspective equally:** everyone sees the world differently and has a unique experience. The perspectives of people who use services (and those who do not), family members, clinicians, managers, and others who work in services – from the most senior to the most junior – are all valued equally in the ELC process
2. **People matter most:** whether it is the people our health system cares for or the people who deliver or commission health services, harnessing their energy and creativity is the way we make change and improve outcomes. Most people want to keep themselves well and do great work. Our job is to harness ELC to work out how to unleash that positive energy
3. **Everyone can contribute** you don't need special qualifications or years of experience to contribute to commissioning. ELC processes enables everyone to contribute in a way that works for them
4. **The quality of the questions we ask determines the solutions we imagine:** ELC ensures we ask different and better commissioning questions
5. **The best solutions are the ones we imagine together:** ELC harnesses 'the wisdom of crowds'. Bringing together lots of people from different walks of life to review the current situation from a range of perspectives, and solve improvement challenge together leads to better, more sustainable solutions.
6. **The simpler the solution, the better:** the closer people are to an improvement challenge, the more they tend to over-complicate the solution. Often a small, simple change in the way we can transform a service. ELC is about shining light on those simple changes so we can drive person-centred improvement.
7. **An asset-based mindset leads to health creation and sustainable change:** when we believe people are capable, recognise their strengths and the assets we already have in our communities, and support people and communities to contribute, we will create health and a sustainable health and care service.

These principles underpin all phases of the ELC process.

The ELC Process starts with Discovery. This stage generates 'insight.' ELC places a big emphasis on using qualitative data to make sense of the quantitative data.

Actionable insights within health systems are essential so that system leaders have access to the best possible thinking, future proof decisions and work closely with and engage everyone in delivering continuous system improvement including service providers; local community networks; not for profit organisations and most especially the people and families who use services and front-line staff who, together, ultimately drive change and improvement in care. Co-creating experience led transformation, using the ELC process, ensures changes are actionable - and actioned.

The 4 stages of the ELC process

The ELC process cycle has 4 stages. They are set out in brief in the table below. People who use and deliver services are involved at all stages:

Stage	Purpose	Outputs
Discover	To deeply understand the current experience and emotional journey of those affected by the change we are seeking to make	Emotional maps and insights Engaging resources that describe the "story so far"
Dream	To describe the desired experience and emotional journey of those affected by the change and our collective shared ambition for the community and the services that support them	Shared ambition for the service/pathway, including bold steps to achieve the vision
Design	To co-design the solutions that we collectively believe will achieve change and life improvement in the community and the services that support them	Implementation plans, including plans prototype new ways of working Person centred outcome frameworks
Do	To support providers through aligned contracts and service level agreements to prototype and implement service solutions	Revised outcomes- and values-based contracts, driving service change and prototypes led by providers

The theoretical foundation for ELC

ELC was conceived in 2009. A collaboration between the social business Experience Led Care whose purpose is to support the spread of person-centred care and The University of Oxford's Nuffield Department of Primary Health Sciences - specifically its Health Experience Research Group (HERG)[5]. HERG has a continuously growing archive of patient experiences across 85 differing conditions, including: chronic pain, atrial fibrillation, COPD, dementia, diabetes, mental health, cancer, and end of life care. The most well-known current use of this research is as a resource for the general public, published by the charity DIPEx in a format that people can use to help them understand how relatable others experience the 80 plus health conditions that HERG have researched to date. View the public version of the resource here: https://healthtalk.org.

The first ELC programme was undertaken in Health Works Clinical Commissioning Group in Sandwell, Birmingham, and funded by NHS England as part of a

[5] https://www.phc.ox.ac.uk/research/groups-and-centres/health_experiences

programme of pilots to explore how to enhance patient voice within the commissioning process in 2009/10.

The Clinical Lead for the first ELC programme was Dr Niti Pall. The programme's focus was end of life care. Since then, ELC programmes have covered a vast range of commissioning challenges, from maternity care through to supporting frail older people.

The ELC process draws heavily on and adds new dimensions to Experience Based Co-design (EBCD)[6]. EBCD was invented as a quality improvement tool to support service providers to solve in-house improvement challenges. It was not designed to be used at strategic level within health and care systems. ELC fills that void and adapts EBCD so that person-centred design principles can be harnessed by system leaders to support system and pathway redesign and embed drivers for person-centred change in provider contracts and service level agreements.

Independent evaluation of ELC process

> "The ELC pilot in end-of-life care resulted in the development of a new end of life commissioning strategy for Healthworks CCG. Overall, the evaluation was favourable, highlighting some process issues that require attention when moving into the next phase, and delivering future ELC projects"
>
> Cheshire and Ridge 2012[7]

Two independent evaluations of ELC have been undertaken.

The key findings were as follows:

Process improvement benefits:

- ELC offers a process that engages all relevant stakeholders and successfully delivers the complex process of creating commissioning (purchasing) strategy from end user experiences upwards
- ELC Is framed from the start as a change management process
- ELC provides a framework to bring together published research evidence with local experiences

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[6] Donetto, S., Pierri, P., Tsianakas, V., & Robert, G. (2015). Experience based co-design and healthcare improvement: realizing participatory design in the public cector. *The Design Journal*, *18*(2), 227-248. https://doi.org/10.2752/175630615X14212498964312

[7] Cheshire A, Ridge D. (2012) Evaluation of the Experience Led Commissioning End of Life Care Project. University of Westminster https://westminsterresearch.westminster.ac.uk/item/8z694/evaluation-of-the-experience-led-commissioning-in-end-of-life-care-project

- ELC programmes produce a range of outputs:
    - Rich health needs assessment and a local assets map to support service improvement
    - Experience Led Commissioning strategy and management action plan
    - Case study to support spread of the ELC approach in the health system
    - Change champions to facilitate implementation of the strategy
    - Organisational learning e.g. deeper understanding of users' needs, about how ELC programmes can be run more effectively in the future

Relationship-centred benefits:

- ELC creates more 'meaningful' user engagement compared to a control commissioning group
- ELC supports broader, higher quality engagement through facilitated codesign events and trigger films
- ELC unites and supports contribution from a wide range of stakeholders: managers, clinical teams, people, and their family members
- ELC builds enthusiasm and commitment to deliver change and improvement
- ELC builds relationships and networks, supports information sharing across systems
- ELC triggers powerful emotions amongst participants
- ELC is experienced as more 'human' and 'real' than traditional system management processes

ELC cost implications

- Evaluation found that increased service costs were not inevitable. Service users' preferences e.g. reduced hospital admissions align with commissioners and would save money
- General practitioners (primary care doctors) recognised that services co-designed using ELC are likely to get patient approval. They felt that it makes sense to build services from the consumer upwards

Areas for improvement

Evaluation suggested the following ways to improve the prototype ELC process:

- Develop a range of ways to engage participants with mobility issues and other limitations e.g. additional transport options, remote user participation in events
- Consider ongoing support for affected people who participate in the process to assure continued engagement and a positive outcome
- Ensure high quality facilitation of codesign events so that clinicians cannot overshadow people and their families, and front-line staff feel safe to disclose their experiences
- Maintain energy into the implementation phase
- Recognise the need to manage stakeholder expectations about how quickly change will happen
- Recognise the challenge of changing culture and mindset in relation to health service purchasing and contracting management

The ELC team addressed these improvements subsequently.

For more information about the ELC process and how to build an ELC Practitioner team, contact:

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