**Experience Led Commissioning Programme Brief and Planner:**

**add organisation and programme name**

|  |  |  |
| --- | --- | --- |
| **Owner name and email** | **Version** | **Date** |
|  |  |  |

1. **Programme aim**

The aim of the programme isto apply Experience Led Commissioning™ (ELC) to the redesign the contracting process, including key performance indicators (KPIs) for add service in add health system so that new solutions, based on insights about what matters to people and is driving their current behaviour inform the design of improved care and experience.

The programme aims to answer the commissioning question:

“What needs to happen….?”

1. **Background**

**Why this approach**

ELC is a co design methodology, built on robust insights into peoples’ experiences of care. It has an evidence base in England. It has been applied widely by many commissioners with the National health Service (NHS).

ELC is a tool that supports values-based health system management and commissioning through person centred quality improvement and contracting for value and outcomes that matter to people..

Add background to your health system and why ELC is relevant to your health system’s development

Strategic contract management will be an important end user of this work as it may inform future “contract” design.

**How the project supports our business strategy:**

Add background to your health system and why ELC is relevant to your business strategy

1. **Contracts and KPIs to be influenced by this work**

**NOTE:** It is VERY IMPORTANT to scope this up front.

Describe how this work will influence the design of relevant provider contracts or other mechanisms to support service improvement

1. **Scope**

The community of interest for the ELC programme will be add community of interest.

Explain the rationale for this work focusing on this group e.g. they are the highest users and the people whose experience needs to improve.

Describe the scope of the programme e.g.

This programme will map the journey of people aged sixty and over through primary health care, and focus on how they keep well and manage their health issues. It will involve family (informal) carers as well as people themselves. The local retirement is 60. The programme will seek to understand the experiences of both working and retired people.

Analysis will create insights from beneficiaries from the following groups:

* People who work
* People who do not work
* Female
* Male
* Carers (informal carer looking after family)

The ELC process triangulates the experiences of beneficiaries with the experiences of caregivers. The primary care caregivers who will be engaged in this programme are:

* GPs
* Nurses
* Health educators (who focus on supporting health related behaviour modification)
* Practice administrators
* Receptionists
* Allied health professionals
1. **Exclusions from this programme**

Add exclusions

1. **Programme delivery team**

|  |  |  |
| --- | --- | --- |
| **Role** | **Description** | **Name and email** |
| **System leader sponsor** | Has power and influence at Board level; champions the work; is passionate about person-centred care; directly connected to affected people; provide permission and assures the delivery team are resourced to succeed |  |
| **Programme (line) manager** | Leads the work programme; supports the Linchpin; ensures that they have the flexibility and freedom to work with affected people; recognises and support them through emotional labour (supervision) |  |
| **Administrator** | Supports the linchpin to deliver co-design events. including invitation management, arranging transport, payment of expenses etc as required |  |
| **Linchpin** | Liaises with people and families; ensures they participate fully in the ELC process We would expect 2-3 people. Use this as an opportunity to build capability to support ELC work moving forward |  |
| **Facilitator-Connectors** | May be the conduit for engagement of people and families; build their confidence and support them to engage, participate and contribute; provide a safety net for participation  |  |
| **Analysts** | Translate qualitative and quantitative data into insights and evidence for the system to use to inform service development, improvement and contract design |  |
| **End Users** | Clinicians and managers who will use the outputs on both provider and commissioner sides |  |
| **People and families** | Formal leaders from the local community; informal leaders; people who act as advocates or representatives within health system structures and governance; people with lived experience who are participating in this ELC programme |  |

1. **Deliverables**

|  |  |  |  |
| --- | --- | --- | --- |
| **Output** | **Who** | **By when** | **Comments** |
| **Complete programme planner background and scope and stakeholder map** |  |  |  |
| **Secure attendance of all relevant people at training session in December** |  |  |  |
| **Complete initial programme design** |  |  |  |
| **Clinical and patient co design session to finalise ELC Programme design** |  |  |  |
| **Complete project paperwork** |  |  |  |
| **Complete evaluation framework for experience led commissioning programme** |  |  |  |
| **Maintenance of stakeholder map** |  |  |  |
| **Training session on site** |  |  |  |
| **ELC** **CO DESIGN 1****CURRENT EXPERIENCE** | ELC Practitioner Trainees |  |  |
| **ANALYSIS CD1**Analysis can happen as data is gathered | ELC Analysts |  |  |
| **ELC** **CO DESIGN 2****DESIRED EXPERIENCE** | ELC Practitioner Trainees |  |  |
| **ANALYSIS CD2**Analysis can happen as data is gathered | ELC Analysts |  |  |
| **ELC CO DESIGN 3****PATH or MAP PLANNING WORKSHOP** | ELC Practitioner Trainees |  | This event brings together all stake holders in the system to co design a shared vision of transformed community (and primary care) services |
| **ANALYSIS AND****TRIANGULATION****CD1 – CD3** | CNHI ELC Practitioner Trainees and CNHI ELC Analysts,  |  |  |
| **INTERNAL CHALLENGE SESSION** | CNHI ELC Practitioner Trainees with providers and clinical leads |  | CNHI ELC Practitioner Trainees present findings to provider leadership; challenge and support co design of potential options for change |
| **CO DESIGN 4****IMPROVEMENT PLANNING WORKSHOP**  |  |  | This event enables all stakeholders affected by the change to input into design of options for change. At the end of session, there will be feedback on a number options (initially designed with provider leaders) that have been ratified and improved through community input |
| **Final insights report with description of service development and related contract modification options** | ELC Practitioner Trainees and ELC Analysts, supported by ELC coaches |  | This will capture all the outputs from all events. It will act as a comprehensive record of engagement, insights and co design undertaken with the community. It will form a significant element of any formal consultation if required  |
| **Approval to proceed with service/contract modifications** |  |  |  |
| **Service change or contract modification initiated**  |  |  | ELC Practitioner Trainees work with contract managers to pass the baton to providers to lead implementation supported by ELC coach |

1. **Stakeholder Map**

The stakeholder map is a living document and key to ensuring the rigour of the co design and engagement process. It is also key to enable retrospective audit and show who was invited to participate in events.

The stakeholder map can viewed at: add link

1. **Considerations and constraints**
* List any considerations and constraints that my impact on the delivery of the programme
1. **Timeline**

Specify timeline

1. **Interfaces with other programmes of work**
* List other pieces of work that this programme interfaces with
1. **Communication**

Internal communication will be the responsibility of add name.

Internal communication will be by exception and highlight report, in line with PRINCE 2 project management methodology.

ELC will be mentoring the team on a regular basis. These sessions provide the opportunity to highlight exception reports. In between scheduled meetings, email will be used.

External communication will be the responsibility of: add name programme lead and add name communication lead (cluster communication)

All external communications will be approved using the standard protocol:

describe standard protocol.

1. **Risks and critical success factors**

The risk log is a living document.

Use existing risk log templates you are familiar with for this programme or use template provided

**For information about this template planner, contact:**

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