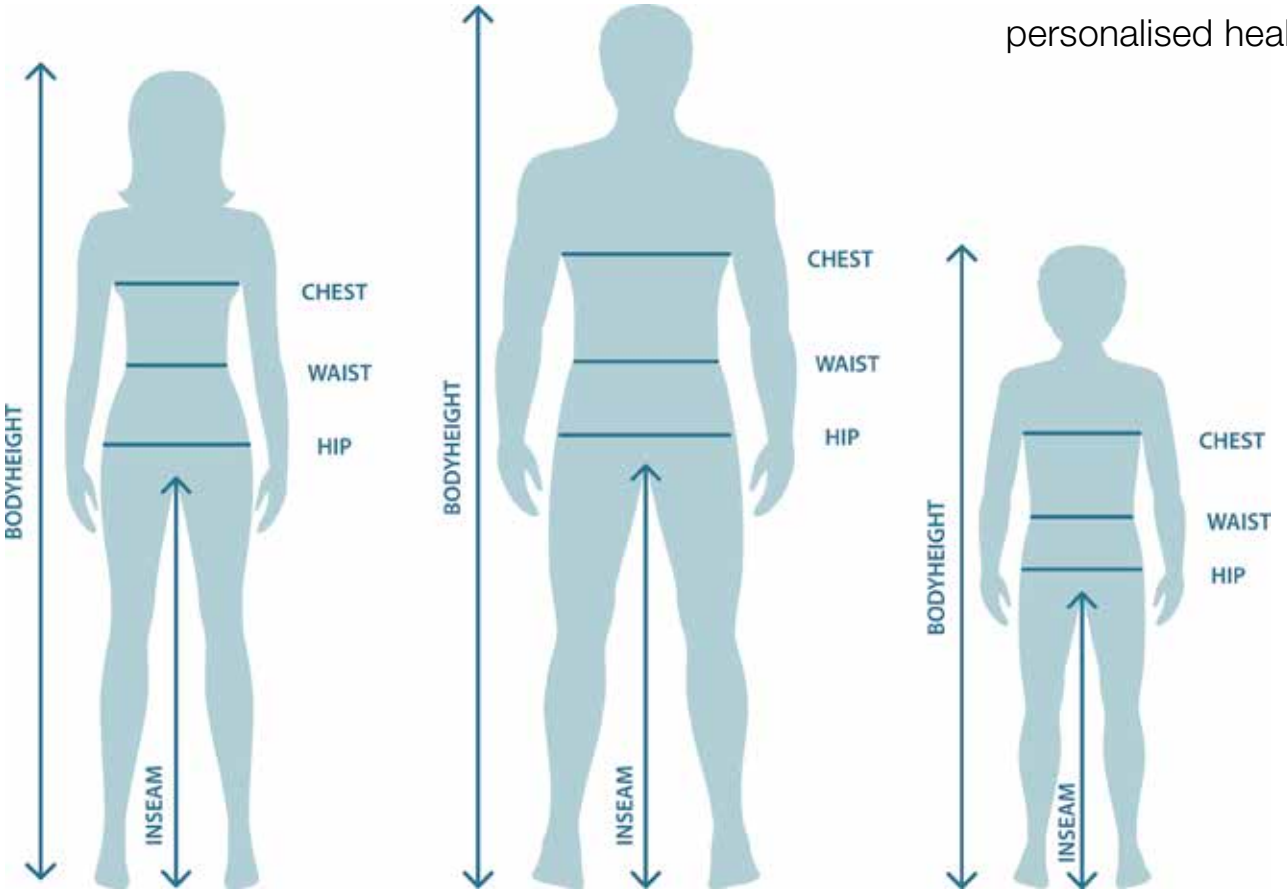

made to measure

Personalised care will become business as usual for 2.5 million people across the health and care system by 2024. But how can finance staff support its implementation? Seamus Ward reports

Personalised care and supporting people to manage their own health has been an ambition of the NHS in England for many years, but it is now at the forefront of thinking thanks to the *NHS long-term plan*. So far, much of the work has been with clinicians, but NHS England is also keen to ensure finance staff have the skills to help implement its vision.

The long-term plan named personalised care as one of the five key enablers to achieving its ambitions. But what does personalised care mean? Personalised care helps a range of people, from those with chronic illness and complex needs through to those managing long-term conditions, mental health issues or struggling with social issues that affect their health and wellbeing. It helps them make decisions about managing their health so they can live the life they want based on what matters to them, with clinical information from the professionals who support them.

This comes in response to a one-size-fits-all health and care system that simply cannot meet the increasing complexity of people's needs and expectations.

Evidence shows that people will have better experiences and improved health and wellbeing if they can actively shape their care and support. Increasingly, organisations are recognising the power of individuals as the best integrators of their own care.

'We are aiming to ensure people get the right service first time rather than having to navigate around the traditional system and having interventions that will not necessarily work,' says Sue Bottomley, NHS England head of finance, contracting and commissioning for personalised care.

Personalised care is based on maximising choice and control for people. 'It could be about having a different conversation with your GP, having a conversation to plan your needs around what matters to you, or getting access to community resources rather than always having to use NHS services,' she says.

The personalised care work is wide-ranging and can be implemented for all people in health and mental health services. It is also embedded as a key approach in the new primary care networks (PCNs).

Social prescribing has been a key part of this – implementing social prescribing has been one of the early milestones for PCNs. 'We have just invested into PCNs to employ 1,500 link workers whose role will be to look at alternative solutions to standard services,' says Ms Bottomley.

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Link workers will expand social prescribing, developing tailored plans for patients and bringing them together with local groups and support services. 'So, if you have diabetes, rather than medication, they would look at helping you join a local walking group or other ways of getting your weight down and examining the risk factors for why you got diabetes in the first place,' she adds.

Personalised care can be hugely beneficial for people with long-term conditions, targeting around 30% of the population. The aim is to make this cohort of patients fully aware of the range of treatments available – including potential outcomes and complications – so patients and clinicians can make shared decisions.

'In oncology, for example, you will want to ensure the patient fully understands the treatment that is being proposed and can give informed consent about that treatment. They might then want to choose a different treatment or approach.'

"We want people to have a personalised experience and I would like providers to flex their offer"
Sue Bottomley, NHS England

For people with more complex needs – about 5% of the population – personalised care will help them benefit from care that may be outside the traditional service model or where this model would not necessarily help. Personal health budgets (PHBs) could be used for this group of patients.

Since 2014, patients receiving continuing healthcare (CHC) and children and young people receiving continuing care have had a statutory right to have a PHB. This right is being extended to those eligible for an NHS wheelchair and those accessing aftercare services under section 117 of the *Mental Health Act 1983*.

NHS England is also hoping to expand the rights to have a PHB to maternity and end-of-life care.

However, the potential benefit of a PHB is linked to need rather than the patient's condition – for example, a patient using acute services frequently could be indicating that their current care provision is not working for them. In this case, they could be considered for a PHB.

Approaches such as shared decision-making and personalised care and support plans will be driven by national contracting approaches across primary care and PCNs, says Ms Bottomley.

Different thinking

However, PHBs in particular will require different thinking from finance staff – both in commissioning organisations and providers. Payment mechanisms are to be set up to facilitate the care of groups of people rather than individuals.

Ms Bottomley says: 'How do you begin to enable the system to support people with personal health budgets? We have to change the way transactions in finance move across the NHS. From a finance point of view, we have to become much more involved in looking at contracting and shifting the architecture of the NHS to enable people to have a more personalised experience.'

Extending PHBs to people in receipt of CHC is a relatively straightforward transaction from a financial perspective, she adds. However, disaggregating provider contracts will be more complex. 'We are looking at how we can enable contracts to be flexible enough so they don't destabilise the current provider. But providers must be able to flex their offer to help people make use of their personal health budget.'

NHS England is offering support to finance staff to gain the skills needed to enable personalised care. With NHS Improvement, it has published a personalised care finance, commissioning and contracting handbook. It is also working with the HFMA to develop training – an e-learning module is available to all staff through the electronic staff record (ESR). The association is also working with NHS England to develop a module for finance managers as part of its intermediate (level 4) qualifications, which include the *Intermediate diploma in healthcare business and finance*. An additional level 7 module is also in the works – it is hoped this will become part of the masters-level programme next year.

The regional directors of finance are also trying to influence workforce training to ensure contracts facilitate personalised care.

Ms Bottomley continues: 'In our work with the HFMA, we are replicating what we are doing with the royal colleges, asking how we start influencing finance managers in the NHS. The HFMA has a wide-reaching membership and this is an opportune partnership for us to influence how finance managers operate this programme.'

HFMA director of education Alison Myles says: 'The HFMA welcomes the opportunity to work with NHS England on this important agenda. We are keen to support people throughout the NHS to understand more about the universal personalised care model and we are pleased to be working in partnership to develop and expand training and learning opportunities for staff working in finance, commissioning and contracting.'

The NHS already uses the HFMA e-learning training courses and the module available on ESR is free to users, says Ms Bottomley. A number of bursaries are offered to those studying for the HFMA diploma and NHS England is looking into extending support to finance staff by offering bursaries for people taking the personalised care qualification modules. 'We are looking at making it a requirement when applying for senior management jobs in finance, contracting and commissioning that they have taken the level 4 or level 7 course in personalised care. I would like it to be part of the essential criteria, but it should at least be in the desirable criteria,' Ms Bottomley adds.

Personalised care means a shift in thinking for finance staff and the payment mechanisms developed to suit large volumes of activity may not always be appropriate. Spending on personalised care may never be more than a small proportion of the NHS budget, but NHS England is keen that providers in particular embrace the policy.

'From a provider's perspective, this could be seen as a real threat, but really it's an opportunity for providers to diversify and take some of the market share. We want people to have a personalised experience and I would like providers to flex their offer,' Ms Bottomley says. 'I think 80% of patients will be really happy with the service they are receiving, but some will want to have a different conversation and the top 5% need something radically different to meet complex needs. The regulations are there. Now the health service has to provide alternative care.'

See *Supporting finance to enable personalised care* hfma.to/9y