Partnering up

The need for clinical-financial engagement is well versed, but future-focused finance is aiming to both broaden its scope and make it a practical, mainstream activity. Seamus Ward reports

You would be hard-pressed to find anyone who would say closer working relationships between NHS finance staff and clinicians is a bad idea. There has been national work on it led by the Department of Health and the HFMA; the Association of Medical Royal Colleges (AOMRC) and others issued a joint statement on the importance of clinical-financial engagement in 2009; and many reports have highlighted close working as vital to service transformation, including last month's AOMRC and NHS Confederation report *Decisions of value*. Yet the same report said only 11% of clinicians felt they were fully involved in decisions affecting their teams or service.

There are, of course, many examples of local good practice, but the challenge is to make it mainstream. Into this environment steps future-focused finance and its 'Close partnering' action area, led by Sanjay Agrawal, a consultant in respiratory and intensive care medicine at University Hospitals of Leicester NHS Trust.

Dr Agrawal says lots of research, think-tank reports and comments have been published on clinical-financial engagement. But the close partnering strand of FFF aims to be a ground-up, practical initiative that will build on work such as that carried out by the HFMA and by Department national quality and efficiency adviser Mahmood Adil.

'FFF, and the close partnering delivery group especially, will produce a good, well-defined tool owned by the finance profession to try to deliver some of the changes these reports have highlighted. Our approach is different,' insists Dr Agrawal. 'We are not just writing reports. Here we are doing something with it, doing something more practical.'

The group wants to focus on useful projects that will resonate with finance and clinical staff and the public. 'One of those is reducing waste,' he says. 'It's one of the ways of improving value. It doesn't mean cutting services, but reducing waste in procurement, medicines and care pathways. Don Berwick identified 20% of the US healthcare spend as waste – such as over-treatment or over-diagnosis.'

Team effort on waste

The aim is to have clinicians, general managers, support and finance staff working together with the public on local waste reduction projects – putting the close partnering stream into practice, he says. While waste could be found in many areas, he wants to focus on two. 'We want them to ask questions about waste associated with harm or failures of care, and that associated with over-treatment and possibly over-diagnosis.'

It became apparent in the engagement groups earlier this year that the finance profession wanted to help clinicians transform and integrate services. The close partnering delivery group will send out a survey to finance staff and clinicians nationally to discover best practice in integration and what the professions think are the biggest barriers to and enablers of successful integration.

Dr Agrawal says there are many examples of good practice not being shared across the NHS. 'They all think they are different, but we're going

Local action

'My involvement in future-focused finance was kicked off by the work we had been doing in my own trust,' Dr Agrawal says. 'When we had internal management courses, the sessions that doctors got most involved in were the finance sessions.'

As a result, he and then deputy finance director Simon Sheppard put together a finance workshop for consultants. This half-day session was repeated for specialty registrars. The training included five sessions:

- Business case writing
- Coding
- Financial flows (internally and externally)
- Patient-level information and costing system (PLICS) data
- Reading budget and balance sheets.

'People didn't know, or knew little, about funding flows. In the PLICS part of the workshop we went through consultants' own data. This was eye-opening, as they didn't know they could look at their own patient-level costs.

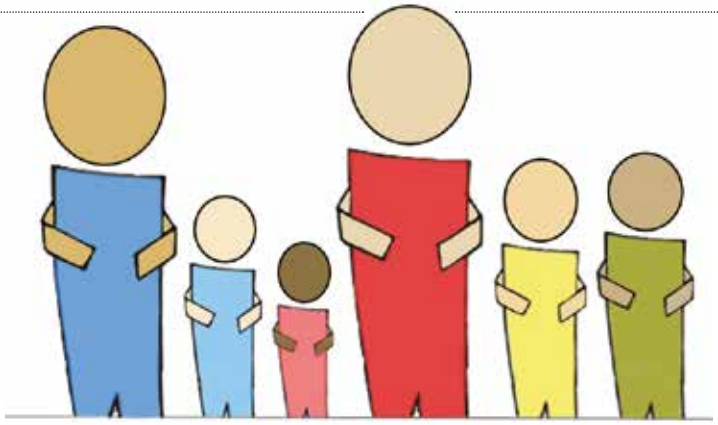
'We made it as accessible as possible, holding it on different days and times. In the end we had more than 200 consultants. People valued the ability to ask questions, gain a better understanding of how finance works and apply it to their work.'

As a result of the workshops, doctors asked for more information, such as a road map of how to apply for capital funding.

But as well as giving doctors a deeper understanding of finance, the sessions bridged the gap between individual finance staff and clinicians, he says.

'Relationships developed between individual clinicians and finance people.'

The team has just held the same exercise at a neighbouring trust. 'It's amazing to hear the same questions, the same issues, but also the knowledge shared and relationships building. It isn't rocket science but it's effective.'



to draw out the good ideas and disseminate them through the networks we have created.'

The close partnering group is also developing a finance education network for non-finance staff. 'Our aspiration is that every healthcare organisation has somebody in finance who, as part of their duties, is responsible for educating non-finance people about finance,' he says.

The group is working with finance training bodies to produce educational materials that could be used to teach non-finance staff, patients and the public about finance to inform decision-making on service redesign. 'That's a practical thing, not a tick-box exercise but something essential to what we are doing.'

It is also speaking to Health Education England about placing finance into the curriculum across the professions. 'We have identified that most clinicians know very little, if anything, about finance, and yet it's those clinicians who deliver service pathways and treat patients every day,' says Dr Agrawal.

'It's not because they are uninterested in finance – it's quite the opposite – but there's no mechanism for them to learn at local level, as most of their CPD tends to be learning about their own specialty. We need to teach people at the frontline, not just the people in management – the jobbing doctors, nurses, therapists, pharmacists and others who treat people day in, day out.'

He adds that many of the best ideas for service redesign and transformation will come from clinicians at the front line, so it is important finance staff help them understand financial matters.

Training must be refreshed regularly to explain changes in the financial regime, he says. 'I was taught something about finance in medical school. However, it's not relevant today and do I remember any of it? Of course not – it was 25 years ago. Finance training is needed, and in a way that is understandable and easy to digest.'

The relationships between professionals are critical to transformation, integration and efficiency. But Dr Agrawal says the building of these relationships does not receive much attention, particularly as the service tries to cope with the pressures it faces.

'If I were designing a new clinical pathway or wanted to tweak an existing pathway or just had a question, I would want to go to a person in finance to ask what they think of my changes or what it costs,' he says. 'Until I have that relationship I am not going to be able to do anything.'

Dr Agrawal believes these relationships can be built through finance staff imparting knowledge – by leading a seminar on finance, for example. He has witnessed this in his own trust (see box). 'I want finance to go out and teach,' he says. 'I hope this will then lead to working together on specific projects such as harm reduction, medicines management and procurement. But the starting point is the relationship and knowledge transfer.'