



EEiC

Interactive tools

Service specification exercise with scenario

An individual or workshop exercise to increase awareness of opportunities to improve services

Scenario recap:

A commissioning organisation is developing a service to improve health outcomes for patients with diabetes. The service is targeted at patients whose needs are beyond routine GP or self-care but who should not require hospital inpatient services. The objectives are to improve quality of care and clinical outcomes, while maintaining good levels of patient satisfaction.

The core of the new service is a care planning approach through which a multi-disciplinary team of primary care practitioners support patients to manage their diabetes. The team receives referrals from primary care for patients who:

- * Have poor control of their condition
- * Need to start injectable therapies
- * Need specialist dietary advice
- * Have developed early complications
- * Have social or emotional issues around taking insulin

Findings from the EEiC project suggest that there are often missed opportunities within the service or pathway design process to address ethnic inequalities. This exercise - involving a fictional scenario based on case studies from the EEiC project - can be used in a workshop or training setting.

The aim is to encourage participants to identify viable solutions to a set of service inadequacies that have been identified and to specify these as concrete elements of a new service.

The [Common Service Issues prompt sheet](#) may be useful here as well as the [mini-case studies](#), which show examples of how other service improvements were achieved.

The commissioning work was undertaken by a multi-partner planning and commissioning group, including representation from primary and secondary care, public health, and commissioning managers. The group did not focus particularly on the needs of minority ethnic patients, and included just the following two sentences in the service specification:

"It is expected that some patients will need an interpreter to engage with the service and it will be the responsibility of the service to arrange it utilising existing interpretation services."

"It is expected the service will enable assessment and care planning, offering choice of management equitably ensuring that the service will be accessible by all and ensuring equality of outcome regardless of age, ability, cultural background, ethnicity and sexuality."

A year after the new service was introduced, the commissioning group found that patients identifying as Pakistani / British Pakistani had poorer outcomes than those identifying as White British on the Key Performance Indicator: HbA1c (a measure of blood glucose and an indicator of how well diabetes is being controlled). The group also received feedback from community level public health workers indicating that some members of the local Pakistani community who had been referred to the new service were not happy with the care they had received. The group has decided that an improvement strategy must be put in place to address these issues.

Service Specification exercise with Scenario

Following some initial discussions, the commissioning group undertook a series of data gathering exercises to understand more about what was going on locally, as well as to identify good practice examples from elsewhere around the country.

This evidence gathering exercise suggested that the following three factors could be contributing to poorer outcomes and experiences for Pakistani / British Pakistani patients:

- * Poor communication between service providers and patients (with some providers feeling out of their depth when dealing with patients who do not speak English);
- * Patients feeling that they are being judged by health professionals when their diabetes is not controlled well, and therefore opting not to attend pre-scheduled appointments;
- * Lack of culturally responsive dietary advice, particularly in relation to fasting and lack of ongoing support in making the lifestyle changes necessary for effective self-care

Having agreed that action is needed to address these three areas, the commissioning group have decided that there is a need to improve the service specification for this service.

Exercise: developing a new service specification

Look over the blank Service Specification Template below and identify two or three sections where you think it would be helpful to include detail about how the service should be configured and how it should operate to address the three issues identified above. The template is adapted from a real service specification used in the NHS, and most organisations use something similar, though headings may vary in practice.

You may find it helpful to use the [Common Service Issues prompt sheet](#) to help identify areas where specific issues may arise.

Some guidelines which the group might wish to follow:

- * It is important to have measurable and achievable outcomes which can be used to assess the success of the service.
- * Think about the feasibility of the service details you specify given the resources available: both financial and skill based.
- * Consider both new approaches, which might need piloting, and existing ideas, for which there may be evidence of effectiveness from elsewhere.
- * It will be important to make sure that all stakeholders are 'on-board' and understand the new service, this includes patients, staff and commissioners.

Reflection:

- * How easy was this task? Did it make you think differently about the potential to shape services?
- * How will you measure the effectiveness of the service in improving outcomes for Pakistani heritage patients with diabetes?
- * What else might be done to get this service working in practice for ethnic equality? Think about: the procurement process, the ongoing contract monitoring process; partnership working; other ways of holding the providers to account (e.g. user groups; Boards; third sector); national drivers and local opportunities to get support/momentum.
- * How might elements of this final specification be adapted for other service areas facing similar issues?

Example service specification template

Name of care pathway/service												
Commissioner Lead												
Provider Lead												
Time period												
1. Purpose												
<p>Outcomes Required</p> <table border="1"> <thead> <tr> <th><i>Outcome</i></th> <th><i>Demonstrated by</i></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>					<i>Outcome</i>	<i>Demonstrated by</i>						
<i>Outcome</i>	<i>Demonstrated by</i>											
<p>Relevant national guidance and quality standards</p> <p>General Principles <i>Our aim is to commission services that are of consistently high quality and to ensure that all services are:</i></p> <p><i>Safe – ensuring that the services are as safe as they should be</i></p> <p><i>Effective – focused on delivering best outcomes for patients</i></p> <p><i>Personalised – meets the needs of individuals providing access to services at the time and place of their choice</i></p> <p><i>Fair – available to all, taking account of personal circumstances and diversity</i></p>												
2. Scope: background, need and local context												
3. Service Delivery: the service model or care pathway												
4. Referral and Access												
5. Patient and Carer Information												
6. Service Improvement/Innovation Plan												
7. Workforce												
8. Performance indicators												
<i>Performance Indicator</i>	<i>Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Frequency of Monitoring</i>								