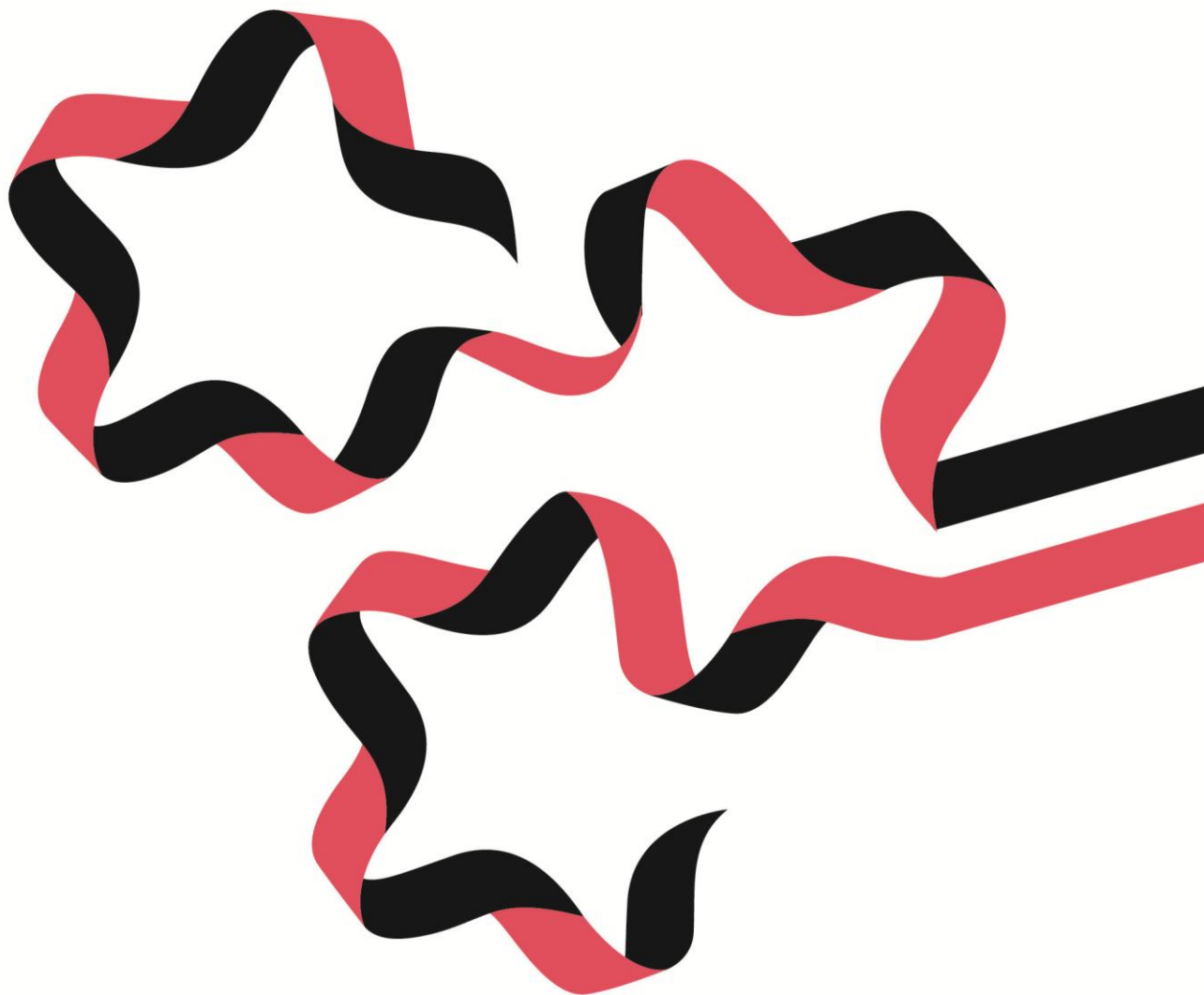


Star

Socio-Technical Allocation of Resources

Guidance document for Module 1- please refer to the full guidance notes for further information



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1. Using the context tab: Defining the scope of the Star approach

The next section of this document takes you through each of the stages set out earlier. The symbol in the top right will act as a guide for where we are within that process.

Where appropriate, the document will also link to the step-by-step user guide in the appendix, which focuses more on the technical element of the guidance notes.

a. What problem are you trying to solve?

In order to get started, you will need to be clear about your scope.

How should I concentrate my budget for cancer interventions?



Commissioning Manager,
Cancer

We have significant budget cuts to make. How can I best inform this decision?



Director of Commissioning
and Planning

Are you using Star to support a prioritisation process for one particular set of interventions or are you looking at spending across a number of different areas? Are you using this as part of an initial budgetary planning exercise, or as an ongoing exercise to impact contractual implementation or to inform your knowledge for performance management? What is the challenge that you have? What external pressures are affecting your budgeting and prioritisation? Are you looking to make savings by discontinuing certain interventions or are you looking for new interventions to fund?

All these questions are important, and this discussion will need to take place within your key commissioning management team.

The decision will determine how you use the tool, including whether you should use a two-stage or three-stage process.

b. Choose the area or areas for intervention

For this section you will make intensive use of the ‘Context’ tab in the Star tool

Stage 2: What is the scope of the prioritisation?	What priority areas will this be covering? Please list up to 8 priority areas	
Guidance May come from JSNA, or from commissioning strategy documents or the NHS outcomes framework - see further resources below <div style="border: 1px solid black; padding: 2px; width: fit-content;">Resources</div>	Select up to 8 from drop down lists...	Please specify a sub-area in the free text below. (E.g.: Breast Cancer within 'Cancer', or Ophthalmology within 'Other')
	Other	Ophthalmology
	Cancer	Breast Cancer

Once you have decided the problem that you are trying to solve, you will need to address specifically which area or areas you are focusing on. Considering options where there is substantial scope for changing budget allocations will result in the most impactful outcomes from the Star process.

In order to identify such options, it may be helpful to address the following questions.

- Where is there the potential for large gains in population health and/or cost savings?
- Are there areas that have been relatively protected or escaped scrutiny in the past?
- What does data about comparable organisations show about cost and health outcome performance?

For some commissioners, the specific areas of focus will be driven by the joint strategic needs assessment (JSNA), and indeed Star can be useful for planning on the back of a JSNA.

The JSNA is a framework that identifies the current and future health, wellbeing and social care needs of a local population, allowing commissioners to identify priority areas to improve outcomes and reduce inequalities.

While the JSNA can help commissioners identify what their priorities are, Star can help identify which interventions within those priority areas will be most cost-effective.

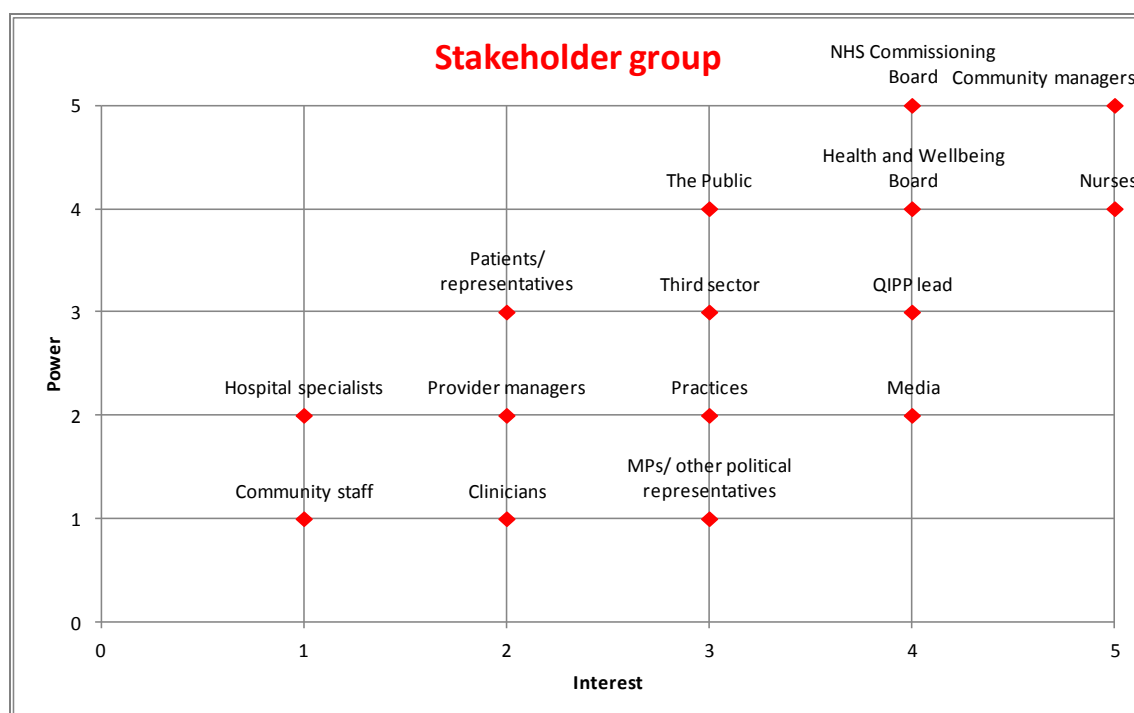
When piloted successfully in the Isle of Wight, the tool was used to evaluate a range of interventions across the five key priority areas identified in that locality’s JSNA – cardiovascular disease, cancer, respiratory condition, mental health and children’s health.

Having chosen the priority areas, one final thing to consider is which interventions might be included for prioritisation within each of these areas. Up to six interventions can be considered for each priority area. While this will be addressed properly in the subsequent workshops, having an early consideration of this will help with some of the workshop preparation.

Questions to consider

- Who would interventions within this area affect?
- Who is in a position to affect the outcomes achieved by the interventions?
- Who is accountable for the results?
- Who will need to be influenced and brought into the process?
- Who do I include?
- How do I include different stakeholders in the process?

The tool will also help you to map the stakeholders, by considering how much influence these stakeholders have over your decision making, how supportive they are and how important you deem them.



d. Building your delivery team

You will need to identify and commit resources to lead and support the use of the Star tool. It is important that you think about whose support you will need in order to successfully implement the process.

Project lead – One individual from the commissioning organisation will need to ‘own’ the pilot. This may be the Senior Commissioning Manager, the Strategy Lead, the Director of Public Health or another appropriate individual within the organisation. This person will be the key point of contact for the project, will be responsible for coordinating inputs from relevant people across the organisation and seeking senior buy-in where necessary, and will be fully familiar with the approach as it is being used.

Senior buy-in – Senior buy-in will be required in order to authorise the commitment of the necessary resource from across the organisation, engage broader internal and external stakeholders and signal a commitment to take the process and its results seriously.

Securing buy-in

No one minds being given additional money.

But when using the tool to support disinvestment decisions the sponsor will play an important role in securing buy-in and explaining to participants why their area is being examined in more detail:

'We are looking at our top 30 interventions in terms of spend.'

'According to the NHS Atlas, we appear to be spending more than other commissioners on diabetes but failing to achieve better outcomes.'

Information/data analyst – Being able to gather and understand high quality data greatly helps the effectiveness of using Star.

For each intervention being considered, data on levels of need, costs and outcomes will be helpful. The data analyst will also be required to attend each workshop and ensure that data is being used consistently.

Facilitators – Neutral facilitation of each workshop is required and essential for the success of the Star approach. One of its purposes is to allow difficult conversations to take place without perception of a vested interest. This may be provided by someone from a peer organisation or may be a third party independent facilitator.

Commissioning managers – If you are using Star to evaluate interventions across a number of different areas, commissioning managers for those areas will be required to help identify the specific interventions to be evaluated; to identify relevant stakeholders; to liaise with the data analyst about what data will be required and to attend workshops.



Ensuring a realistic timeline for stakeholders – It is very important to set a date for the Star workshop(s) that is far enough in advance to secure attendance from stakeholders. For hospital doctors and other senior clinicians six weeks' notice is likely to be a minimum.

Venue and material needed for stakeholder interaction – It is helpful to consider the venue far enough in advance as well. It should ideally be easy to reach for all stakeholders and allow you to use a projector to screen the tool. In order to use the tool a laptop will be needed; it is also helpful to use flip charts to capture the main discussion points with the stakeholders.

e. Identify constraints upon decision making

The tool can work with up to 48 different interventions spread across a maximum of eight priority areas with up to six interventions in each.

Where there is insufficient data available (data requirements are outlined below) an intervention may not be a suitable candidate for evaluation – although having the right stakeholders in the room can mitigate this challenge to a great extent.

At this stage it will also be important to identify if there are any interventions where allocation of resources is fixed. This may not rule them out of the process, for example the tool may be used to establish the scale of benefits being achieved with current levels of investment and ways in which that might be increased. But understanding your reason for including them will help you focus workshop discussions accordingly.

First steps checklist

Action

Complete

Identify problem

Choose priority areas of action (up to eight)

Agree the list of interventions to be under consideration (up to six per priority area)

Identify and classify stakeholders, both internal and external

Identify and mobilise support required, including securing senior buy-in

Confirm data analyst

Identify constraints on decision making

