Brighton and Hove
Clinical Commissioning Group

Report to Brighton and Hove HWOSC
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Musculoskeletal services in Brighton and Hove

Introduction

1. Brighton and Hove Clinical Commissioning Group (the CCG) is currently working with Horsham and Mid Sussex and Crawley CCGs to re-procure Musculoskeletal services (MSK) across the area of the three CCGs. This is a long term project that has gradually come to fruition.

Current services

2. The current service in Brighton and Hove (B+H) is provided by our local acute hospital trust, Brighton and Sussex University Hospital NHS Trust (BSUH) who subcontract to two other providers to deliver the service: Sussex Community Trust (SCT) and Brighton Integrated Care Services (BICS).

   The current service was commissioned as an integrated service by negotiation with the existing providers as a pilot to provide all services in the areas of Orthopaedics (bones and joints), Podiatry (feet and ankles), Rheumatology, Pain Management and Physiotherapy. A review in 2012 found that this had been partly successful but that there were barriers to complete integration. Pain management, Physiotherapy and Rheumatology had not been integrated into the service but continued to be provided separately by BSUH. There had been improvements in quality of care and more streamlined pathways in some specialties but lack of complete integration had stopped this being achieved in the others. There were still duplicate appointments taking place on the interface between community and secondary care. In addition patients sometimes experienced waiting times longer than had been commissioned (assessment, diagnosis and start of treatment within four weeks of receipt of referral). This has been a particular problem in Pain Management which is now being addressed by extra CCG funding.

   In 2012-13 the CCG spent approximately £22m on these services. This included approximately:

   - 4.7 thousand inpatient spells
   - 73 thousand new outpatient appointments
   - 23 thousand follow-up outpatient appointments
   - 60 outpatient procedures

Re-provision

3. This contract has been in place since 2010 and we are currently running under a contract extension to allow time for re-provision. Under national rules we have to tender this service as it originally was considered to be a pilot and this cannot continue; there are a range of other potential providers. Also with the value of this service we have to be able to prove good value for money. Tendering provides an opportunity to write a new specification that includes full integration to reduce duplication and introduce new technology and other benefits.

4. The Public Services (Social Value) Act 2012 requires the procurement of services to consider how the proposed procurement might improve the economic, social and environmental wellbeing of the relevant area. Consequently we will include questions in the second part of our procurement process to ask bidders how they propose to do this. We will also ask for detail of how bidders plan to deliver the service in an environmentally sustainable way.

5. A key part of any clinical service is how it is monitored to see if it is achieving the desired performance. The key performance indicators for this service will be based on proven clinical outcome measures where these are available rather than only counting activity.

6. The first stage of the procurement aims to exclude any clearly unsuitable bidders such as those who are not financially stable or who have no track record in delivering clinical services. The initial documentation will include mention of key subjects which will examined in more detail at the second stage of procurement known as Invitation to Tender (ITT).

   The ITT will be constructed as a series of questions grouped under a range of weighted headings such as Service Delivery, Workforce, Integration, IT, Finance and Business, Mobilisation, Governance, Equality, Sustainability and Social Value. A panel of trained evaluators score the bidders' responses against agreed criteria and if needed, a moderation meeting will examine and resolve any conflicting scores. This process enables a balanced decision to be made on a range of factors.

The new service

7. The main aims of re-provision are to improve the clinical outcomes for patients, to improve patient experience and to improve value for money. These will be achieved by:
   7.1. Development of patient information and education to support patient self-care and empowerment
   7.2. Use of nationally developed aids for patients to make decisions about their care jointly with healthcare professionals
   7.3. Implementation of 'one-stop shops' where possible to reduce the number of appointments
   7.4. Ensuring that all assessment and treatment is based on best medical evidence
   7.5. Clinicians working together in multidisciplinary teams to promote learning and to ensure the best use of the range of skills available

7.6. Use of good information systems to streamline decision making and reduce paper based working and encouraging the use of new technology to support innovation
7.7. Rapid patient access to the services that they need, provided in a holistic way, with signposting to other services in the community
7.8. Improved access including longer opening hours, to promote equality of access
7.9. Inclusion of the management of patients' transfer into and out of secondary care for surgery

8. The specification describes services delivered in a hub and spoke model with one of the hubs mandated to be in B+H. Each site will have adequate parking facilities including those for the disabled, accessibility for hospital transport and public transport stops within a five minute walk.

9. Delivery of the service will depend on the contract holder having the right staff with good competencies and opportunity to train and develop. We are seeking to ensure that the contract holder will be a good employer.

Patient and public involvement

10. The CCG held a MSK patient engagement event on 16th April 2013, in conjunction with colleagues working on a Dermatology project. This was widely advertised through the current service, via primary care Patient Groups in GP practices and through LINKs. Fifteen members of the public were involved in the MSK session. This involved presentations about what we had intended to commission, how well the current service was working and what improvements could be made. There were round table discussion groups where participants raised what was important to patients and members of the public and what suggestions they had for improvements. Discussion and comments were clustered around five main themes:
    - Better information for patients
    - Quality of appointment
    - Public transport and parking, choice of location
    - Long term conditions
    - Good data

    A summary of the day has been reported to the participants. The detail of these discussions has been fed back to the project team and has been used to strengthen the service specification. A newsletter on progress on the project including how the specification has been improved because of the participation is planned to go out to the participants and others in October. In the newsletter we will also ask for volunteers who may be interested in supporting the procurement process from drafting questions through to evaluating bids.

11. An Equality and Human Rights Analysis is being carried out.

12. A Sustainability and Social Needs Assessment is being carried out. This is already indicating some clear benefits of the new service such as the reduction in the number of needed appointments reducing the number of patient journeys, and improved information systems cutting down on the use of paper based recording and communications. Reducing costs of duplication will release resource that can be used to improve services.

Next steps

13. The CCG is hoping to go out to tender in October leading to signature of a contract in six months' time. A period of a further six months will be allowed for the new provider to mobilise and organise their services, leading to a service start in October 2014.