Procurement of an Integrated Dermatology Service

1. Introduction

1.1 Brighton and Hove PCT / CCG have been running a pilot for an Integrated Dermatology Service for the last three years. An extension to this contract has recently been granted until July 2014 to allow for an evaluation of the service and a thorough consideration of the commissioning process to be taken forward to secure an improved service on a more robust contracting basis.

1.2 At present, the Integrated Dermatology Service is provided under contract with BICS (Brighton Integrated Care Services, as prime provider, who then subcontract to BSUH (Brighton and Sussex University Hospital Trust) for consultant input. The current service includes the management of Enhanced Minor Surgery and Dermatology services in Primary Care, Community services run by General Practitioners with Specialist Interests (GSWIs) and Nurses and all adult elective outpatient activity. It also includes patient triage.

2. The Case for Change

2.1 The need for change is driven by a number of factors, most significantly that the service has been running on a pilot basis for the last 3 years. It does not currently include all of paediatric out-patient activity and there are pathway efficiencies to be gained by including this. Psychdermatological approaches were not specified in the current service specification and there are no incentives to improve quality, develop innovative solutions or manage activity and costs more appropriately within the current contract.

2.2 There is strategic fit with national and local policy direction to deliver a model that provides more flexible and accessible care to patients via an integrated model.

2.3 National needs assessment work indicates an on- going increase in the dermatology workload and the need to improve self-care and the role of primary care. We need to develop a model that manages increasing activity whilst delivering high standards of care and patient satisfaction within an affordable budget.

3. Patient and Public Engagement and Consultation

3.1 An engagement event held in April 2013 provided valuable feedback both on how the service has been running and what patients and public value in terms of future developments. This has fed into the aims and objectives written into the revised service specification. The following summary statement was agreed:
Patients tell us that they would like local services which are timely and convenient and have good response times. Location of service is less important than being seen by the right professional team and receiving a reliable and high quality service. They also want their communication needs to be understood and to be empowered and supported to manage their condition.

3.2 Patient and clinical engagement has emphasised that the current service is valued and they do not perceive the need for significant change. The areas that required strengthening were around patient education and communications and similarly with GPs to receive improved support and education. The steer was to continue with an integrated model of care. The procurement method going forward has taken this into account.

The public and patient group will also be continuing their involvement in helping to frame quality indicators around engagement and patient satisfaction.

4. Options Appraisal

4.1 The option appraisals presented to the CCG Board in September 2013 concluded that a competitive tender process for a Prime Contractor or Accountable Lead Provider model would provide the most effective route to develop further the integrated service. As the name suggests *The Accountable Lead Provider* is a provider of care from within the pathway of care and therefore has the power and insight to make changes along the whole pathway and hold all of the providers within this to account.

4.2 A Programme budget will provide a further drive to integrated pathways and is an effective method of aligning financial accountability and clinical responsibility. It forces providers to consider the entire population and to develop models that deliver better value outcomes. A programme budget has been calculated using 2012/13 activity and costs and modelling savings on this by shifting further activity into the community. This approach with allow for reinvestment in service gaps, the predicted growth in skin damage cases and enable an allocation for a quality incentive scheme.

5. Summary of Next Steps

5.1 The CCG Board have approved a formal competitive tender process starting in October. Market engagement has demonstrated that there are a range of providers that are capable and interested in providing an integrated dermatology service.

5.2 The principle aim of the service, going forward, will be to improve integration ensuring an seamless care pathways across primary and secondary care, working in partnership with GPs, Nurses, Consultant Dermatologists, Pharmacists and Patients and provide improved value for money.