

WCC Urgency Committee 7 August 2014

Central and West London CCG Planned Care Service Re-design Programme Briefing

Background

NHS Central London and West London Clinical Commissioning Group (CCG) is commencing the service review, re-design and procurement of 9 and 6 respectively end-to-end Planned Care Services in 2014/5. This paper reports on the methodology we are using to achieve our aims to improve healthcare outcomes for patients as well as achieve better value for money. Due to West London CCG's population, including Kensington and Chelsea and Queens Park Paddington and the close relationship to Central London's population, this paper also outlines some of the joint work being undertaken by the two CCG's.

In accordance with *Shaping a Healthier Future* healthcare services in North West London are to be reconfigured by 2018. This will impact how we commission and contract for care in order to ensure some of our planned improvements happen, particularly providing consistent service provision and better health outcomes for all. This includes leading contractual behaviour change.

NHS Central London and West London CCG's *Out of Hospital Strategy 2012-15* sets out the purpose of undertaking the planned care service re-design programme as ensuring commissioned planned care services follow national clinical guidance and best practice, and provide care to patients closer to home.

The CCG's believe that by moving some outpatient services out of the hospital setting and into communities achieves these aims.

Future planned care services will link to the JSNA as well as local and national initiatives such as *Shaping a Healthier Future*, *Whole Systems Integrated Care* and *Better Care Fund*. The ambitions of these initiatives will increase the focus on service transformation, critical to which will be the OHH contracts (formerly known as LES's) as NHS Central London CCG seeks to embed new levels of service provision into the community.

NHS Central London and West London CCG's has a vision for the continued development of locality-centric provision within Westminster and Kensington and Chelsea with services working together at greater scale to share resources and good practice to deliver better quality care within the context of healthcare hubs. South Westminster Hub is in operation with future plans for Hubs in other areas across the patch. West London CCG continues to develop St Charles as a community hub with plans for expansion of the current community services being implemented in October 2014.

Strategic Context

In the planning stages of the 2014/5 NHS Central London and West London CCG's Commissioning Intentions, it was identified that we required a procurement programme to address the gaps in planned care (outpatient services) community provision. This was to be significantly aligned to the *Out of Hospital Strategy 2012-15* and the successful delivery of planned care which includes more patient self-management, preventative care, more home based care and an extended range of services available in primary care to prevent the need for more specialist treatment.

NHS Central London CCG

A proposed programme of procurement for planned care was presented and ratified by the Health and Wellbeing Board between July and September 2013. From October 2013, CL CCG committed to reviewing and redesigning specific outpatient services to ensure that patients receive simple, timely, convenient and effective planned care with seamless transitions across primary and secondary care, which are supported by a set of consistent protocols and guidelines for referrals and the use of diagnostics.

CL CCG's strategic aims, in line with its vision and mission are:

- **Vision:** *'Together, we will ensure the highest quality of care for our patients'*
- **Mission:** *'Empowering people to achieve sustainable health & wellbeing. We will achieve this by working in partnership with patients, carer and professionals to establish high quality local health and social care services that are efficient, effective, co-ordinated and reduce health inequalities'*

Commissioning Strategy

The key strategic aim, *'to deliver Shaping A Healthier Future and the OOH Strategies'*, and associated objectives, informed both CCG's commissioning intentions and, therefore, contracting priorities, as appropriate, for its acute, mental health and community trust providers (as identified at the CL CCG Governing Body seminar on 4/12/13).

These were:

- Whole systems integrated care
- Continuous improvement in service quality
- Treatment in appropriate location
- Reduced length of stay
- Reduction of internally generated demand through PRS
- IT as enabler of change
- Share patient records: implementation of SystemOne & ensure interoperability with other systems
- Discontinue decommissioned QIPP activity

Aims of the Planned Care Service Re-design Programme

By reviewing and redesigning community planned care provision, NHS Central London and West London CCG's aims to undertake a process of simplifying planned care pathways. We aim to commission community services which provide intermediate outpatient services in a community setting, and prevent the need for people to attend hospital clinics for diagnosis and treatment of

some simple conditions. Within Central London and West London, there are community based clinics for a range of conditions including dermatology, diabetes and heart failure, which offer an intermediate level of service reducing the need for patients to be seen in hospital. Our aim is to redesign some of our current outpatient services, including existing community services, and develop new innovative models that combine some speciality services i.e. cardiology & respiratory and gynaecology & urology. The procurements for the above services are being undertaken jointly between Central and West London CCG's.

Rationale for change

The Health and Social Care Act 2012 brought in a new commissioning environment in which competition, patient choice and integration of services play a more prominent role. NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 cites the overall objective of the Regulations which are:

- Securing the needs of the people who use the services;
- Improving the quality of the services; and
- Improving efficiency in the provision of the services.

In procuring new health services, some of the principles Central and West London CCG's are aspiring to adhere to in making decisions are described in Regulation 3:

- Acting in a transparent and proportionate way;
- Treating providers equally and in a non-discriminatory way;
- Providing best value for money;
- Providing the services in an integrated way;
- Enabling providers to compete to provide the services;
- Allowing patients a choice of provider of the services.

Prior to the commencement of the service re-designs, Central and West London CCG's has engaged in a number of essential redesign tasks in accordance with The Health and Social Care Act 2012 Regulation 3:

- Data analysis of all components of existing patient pathways to establish accurate levels of incidence and prevalence rates.
- Benchmarking with other geographical areas with similar prevalence and patient profiles as Central London to make the best use of resources through effective and intelligent commissioning of services.
- Consultation with expert clinicians in relevant specialisms to undertake process mapping and identify clinical and cost efficiencies within pathways.
- Clinical audits of current patients within local hospitals to understand stratification and impact of shorter length of stay in acute care and demand for increased care in the community.
- Research on up-to-date guidance and publications to align and contextualise evidence to local need and to strengthen commissioning objectives in light of national and local priorities
- Utilisation of evidence from Joint Strategic Needs Assessment and other Public Health reports. Further public health analysis where required.

- Communication plan – meaningful engagement with stakeholders and user groups to inform the emerging clinical patient pathways.
- Development of payment model and affordability criteria
- Extensive market engagement

Phase 1 – 2014/5

Following robust service reviews, it has been agreed that the following planned care services are to be re-procured in 2014-2016:

Speciality	Date of service commencement
Ophthalmology (tri borough)	April 2015
Diagnostics (NW London)	January 2015
Wheelchairs (NW London)	January 2015
Orthopaedics, Rheumatology, Physiotherapy (Musculoskeletal) CL	April 2015
Patient Referral Service CL	April 2015
Dermatology (Central and West London)	April 2015
Cardiology & Respiratory (Central and West London)	April 2015
Diabetes CL	June 2015
Gynaecology & Urology (Central and West London)	September 2015

Procurement guidance

Table A below cites the summarised requirements of the NHS procurement regulations that underpin how the CCG are undertaking the impending procurements:

TABLE A: GENERAL REQUIREMENTS FOR COMMISSIONERS

	Descriptor	Regulations			
Objectives	What commissioners should secure	Secure Needs of Health Users (Reg 2(a))	Improve quality of services (Reg 2(b))	Improve efficiency of services (Reg 2(c))	
Principles	How commissioners should act	Transparency (Reg 3(2))	Proportionality (Reg 3(2))	Non-discrimination (Reg 3(2))	
Factors	Considerations in decision making	Patient Choice (Reg 3(4)(c))	Competition (Reg 3(4)(b))	Integration (Reg 3(4)(a))	Value for Money (Reg 3(3)b)

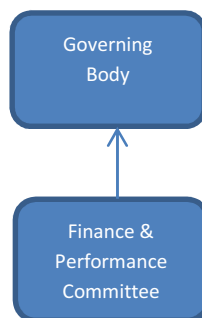
Small and Medium Size Enterprises (SME’s)

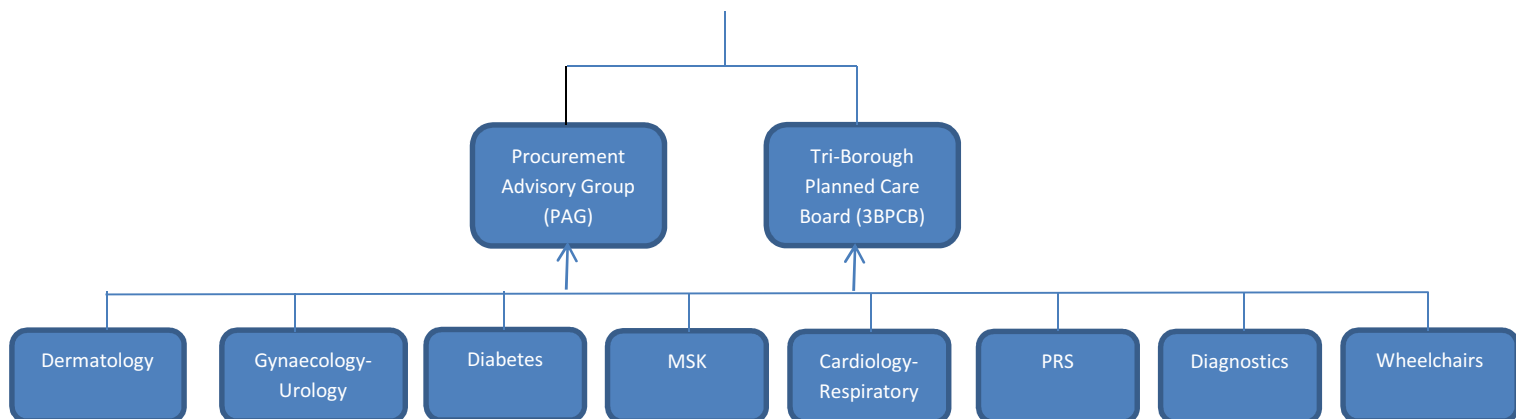
NHS Central and West London CCG’s are delivering an ambitious and wide-ranging programme of change. To deliver the impending 2014/5 planned care procurements, taking into account the CCG’s Medium Term Financial Strategy and Shaping a Healthier Future Agenda, the provider landscape is expected to change in Westminster and Kensington and Chelsea. In keeping with the national guidance from Central Government regarding the importance of encouraging Small and Medium Enterprises (SMEs) to participate in tender processes for public sector contracts, the CCG’s have worked closely with Procurement experts to ensure that tenders are open to SMEs. One approach that the CCG’s are keen to use is providing tender opportunities as “lots” which divide up tenders and contracts in to clinically safe, patient focused components that SMEs will be able to take on in a sustainable manner.

Governance

All procurements will be subject to scrutiny throughout the lifespan(s) within the context of the following governance framework:

Table B: NHS Central and West London CCG Planned Care Governance Structure





Within the new governance structure above, the Procurement Advisory Group (PAG) will be a group that supports Central and West London London CCGs reporting directly to the Finance and Performance Sub Committee of the Governing Body. The purpose of the Group will be to:

- Undertake robust planning of procurement activities
- Follow robust and transparent procurement processes - abiding by all national and European guidance, and following an agreed local process in undertaking all procurements
- Receive advice and quality assurance of procurement processes as they are undertaken
- Maintain up to date records of procurement decisions

The Tri-Borough Planned Care Board will be a group representing NHS Central London CCG, NHS West London CCG and NHS Hammersmith and Fulham CCG.

For NHS Central and West London, the Tri-Borough Planned Care Board will be reporting directly to the Finance and Performance Sub Committee of the Governing Body. The Group will have commercial accountability of all tri-borough procurements undertaken within 2014/15. It will provide a systematic approach to steering the procurement timetables and:

- Define lead CCG hosting arrangements and supporting CCG role demarcation for each procurement
- Account for procurement timescales and milestones
- Decide Contractual framework(s) i.e. block/cost & volume
- Oversee the communications plan for patient and stakeholder involvement
- Pool clinical leadership arrangements
- Review Tender evaluation membership and monitoring criteria
- Risk-manage the procurements and provides leadership and direction for mitigation of risks.

The service review/re-design steering groups report into the PAG and the 3BPCB who report directly to the Finance & Performance Committee. Patients and lay representatives attend each of the steering groups.

Current providers & contracts

12-month extension notices have been issued to all incumbent providers in the relevant community and acute settings.

Stakeholder/Patient Engagement

NHS Central and West London CCG is keen to involve patients and stakeholders in the service review and redesign of planned care (outpatient) services.

To do this, we have designed a patient consultation process, in accordance with the *Public engagement and consultation in the NHS Act 2006 (section 242)* called 'Your Say'. This is being delivered in two phases starting in July 2014.

Phase 1 was launched on July 14th via the planned care webpage of the CL CCG website.

<http://www.centrallondonccg.nhs.uk/about-us/planned-care-service-redesign-programme.aspx>

This is a 6 –week consultation document that is aimed at the public to have an opportunity to provide their views on how our existing planned care outpatient services can be improved and what requirements should be included in all newly commissioned services. This will inform outline service requirements and dialogue with potential providers.

Phase 2 (to commence in early September 2014) will be a further 6-week consultation that is designed to elicit targeted responses and feedback for some of the specialities we are re-designing. Both of these consultations will impact the final pathway designs and inform the revised service specifications.

A parallel process is being circulated to key stakeholders e.g. the General Practice population, via existing CCG communication pathways, to ensure that valuable knowledge and feedback is included in all service re-designs.

A survey to providers regarding how often patients raise transport as a barrier for them in accessing health appointments and activities is due to be issued to inform which locations would be more accessible to the patient population of Westminster and Kensington and Chelsea.

Distinct focus groups will be undertaken in some instances where specialist input will be required, for example, wheelchair provision service redesign.

Communications and Market Engagement

There has been regular attendance by Planned Care team members at the GP Locality meetings and Commissioning Learning Sets to update practices on progress to date. Local clinical, social care and lay representative and patient networks have been engaged in the individual tender process mapping events to contribute to the newly emerging pathways of care. There is an extensive market engagement plan in progress that includes market testing and bidder events. Regular updates are circulated via the Practice Bulletins, Neighbourhood Bulletins and the planned care pages of the CL CCG website.

Integrated Impact Assessment (IIA)

In accordance with the above, intelligence for the IIA is being progressed. The IIA to assess the potential impact on patients, the populations it serves and its providers in relation to Wave 1 of the planned care programme.

The IIA is incorporating the following types of assessments:

- Health impacts and outcomes: for example quality of care, continuity of care, patient experience, clinical outcomes, interdependencies between services (and how these might be affected)
- Equality impacts: looking at impacts on the protected characteristics covered by the Equality Act and other groups that are considered particularly sensitive to the service changes. The IIA incorporates an equality impact assessment.
- Travel and access impacts: the IIA present travel and access times to the current provider and looks identifies the populations for this these are most / least accessible.

The IIA is to be aligned to the CL & WL CCG's Equalities Objectives 2013-16. The team have liaised with a number of organisations. Examples include the BME Forum, the Women's Somali Group, the Tri-Borough Community and Primary Care Transport Group, SeeAbility and RNIB. We have also engaged Healthwatch as a critical friend to measure accountability.

Next Steps

Mobilisation of the impending new services and on-going contract monitoring will be integral to ensuring the delivery of the anticipated health outcomes.

Mona Hayat, Head of Planned Care - CL CCG

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