

NHS Brent Briefing paper for the Brent Health Overview and Scrutiny Committee on commissioning new Community Cardiology and Ophthalmology Services

1.0 Introduction

1.1 NHS Brent, in support of the emerging Brent Clinical Commissioning Group, has identified a number of specialities traditionally provided in an outpatient setting that it wishes to re-commission to be provided within the community.

1.2 **This paper:**

- Provides a commissioning context and some background information on both cardiology and ophthalmology services commissioned by NHS Brent.
- Describes the procurement approach.
- Identifies the benefits in terms of quality, innovation and productivity.
- Outlines the proposed consultation approach.

2.0 Background

2.1 The NHS faces an unprecedented challenge in terms of improving both the quality of care and also productivity. The NHS must save £20 billion nationally, as a result of improved technology, the cost of medications and due to increased demands through longevity.

2.2 The emerging Clinical Commissioning Group is committed to improving services for Brent patients. We want to encourage innovation, improve both productivity and quality, and develop better patient-centred models of care that are delivered closer to patients' homes. The first stage is a commissioning process to create new community-based outpatient cardiology and ophthalmology services. In order to achieve this, services need to be redesigned and commissioned in a manner that ensures that the provider best suited to delivering those aims is aligned.

2.3 NHS Brent has started a procurement process for two specialities: cardiology and ophthalmology. The new services will start in the autumn of 2012.

2.4 The approach will be to procure the services through *competitive dialogue*. Most procurements have traditionally followed the *invitation to tender* route. That is, the organisation outlines what they want in the form of a detailed specification and seeks submissions from those that wish to provide it, whereby the bidder is selected based upon price, quality and other suitability considerations. Whereas, competitive dialogue allows the organisation to work with interested parties to design the specification. This approach is more innovative and allows a more tailored specification to develop. Once a final specification has been developed then selected bidders can submit a tender.

- 2.5 There are several advantages to this. The opening up of the development of the specification with potential bidders will allow bidders to draw up on their experience and knowledge to ensure that a bespoke solution is created for Brent. Many bidders would have experience of delivering such services elsewhere and will be well placed to work with clinical commissioners to design a high quality service model.
- 2.6 At this stage, we cannot articulate the configuration of the new services, as competitive dialogue will help us design this. However, the following considerations are pertinent:
- Patients with complex needs may continue to receive their treatment within a hospital setting. Once we have developed a final draft of the specification, we will work with clinical specialists to establish if the proposed model is clinically safe and appropriate.
 - The dialogue phase will assist us in clarifying the percentage of current activity that will be taken out of the hospital setting.
 - The service may be provided by someone other than the current provider. Whilst we cannot be specific about those that have expressed an interest, we can clarify that existing acute trusts, local GPs and private companies have expressed an interest.
 - Most of the services will be provided within a community setting. We will work with the bidders to identify economies of scale for delivery. That is, some sub-specialities may need to be delivered in one location, whereas others could be delivered at several locations within Brent (especially when the sub-speciality is high volume and less complex).

3.0 Implications

3.1 *Quality*

- 3.11 The contract will be patient-focussed and will include Patient Reported Outcome Measures (PROMs). PROMs refer to self-completed questionnaires given to patients to assess their self-reported health status before and after certain elective healthcare interventions funded by the NHS.
- 3.12 The health status information collected from patients by way of PROMs questionnaires before and after an intervention provides an indication of the outcomes or quality of care delivered to NHS Patients. Changes in health status as measured by PROMs, controlling for variation in patient characteristics and the influence of other factors, are attributed to the healthcare delivered to the patient by the Provider and the wider healthcare system. This outcomes data can be used in a variety of ways to assess the quality of care delivered to NHS patients by Providers.
- 3.13 Patients in other PCT areas have reported increased satisfaction where outpatient services have been provided in community settings. Patients have reported:
- A preference to be seen within community facilities, as opposed to hospitals.
 - Increased satisfaction with booking appointments.
 - Greater efficiencies in being seen on time.

3.2 *Innovation*

- 3.21 The *Competitive Dialogue* approach will allow us to work with potential providers to develop the specification, rather than presenting one that we have drafted earlier. Experience of working with providers including clinicians to co-create solutions has led to more

collaborative and flexible relationships, rather than adversarial dynamics that have sometimes typified contractual relationships.

3.22 Through designing contracts and performance measures that are outcome focussed (rather than output focussed), the provider will be able to work with the commissioners to continuously improve the service offering. Through concentrating on achieving outcomes, we are aiming to achieve highest patient satisfaction and better outcomes at a lower cost.

3.3 *Productivity*

3.31 The ophthalmology procurement could release £1m per year of resources and the cardiology procurement could release £0.8m. This will contribute to our savings programme and invest in other services such as supporting carers and increasing the number of funded health visitors.

3.32 *Consultation*

3.4 NHS Brent aims to undertake a formal consultation regarding the service change, which is due to start in April or May 2012. The outcome of the consultation will influence the final draft of the specification.

3.41 In addition to formal consultation, there will be targeted involvement activity with key stakeholders, including patients. We will use our current patient and public involvement mechanism to speak with Brent residents to help shape the future services. In addition, we will work with and involve key stakeholders to ensure that we manage the change process effectively.

4.0 **Recommendations**

4.1 Members are asked to:

- Consider the contents of this report.
- Consider how and when they wish to be updated regarding progress.

On Behalf of the Brent Clinical Directors:

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